

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

L. C. 063659

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Gandy "59"

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Sawyer San Andres Gas

11. SEC. T., R., M., OR BLK. AND  
SURVEY OR AREASec. 28, T9S, R38E,  
N. M. P. M.

12. COUNTY OR PARISH

Lea

13. STATE

New Mexico

1. OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

Ralph S. Cooley

3. ADDRESS OF OPERATOR

P. O. Box 254, Midland, Texas

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)

At surface

1980' from North line and 660' from West line,  
Section 28, T9S, R38E, Lea County, New Mexico.

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3933 GR

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

SUBSEQUENT REPORT ON:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT

Well Progress-Setting 8-5/8" casing

(NOTE: Report results of multiple completion on Well  
Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

Spudded 3:00 A.M. August 22, 1965.

Drilled 12-1/4" hole from 0' to 414'.

Ran 13 joints 8-5/8" 24# new casing and cemented with 250 sacks regular cement with 2% CaCl<sub>2</sub>. Plug down 1:00 P.M. August 23, 1965. Shoe at 414'. Cement circulated to surface.

W.O.C. 12 hours.

Tested casing with 600# for 30 minutes. Tested o.k.

18. I hereby certify that the foregoing is true and correct

SIGNED

TITLE Operator

DATE September 1, 1965

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

\*See Instructions on Reverse Side

SEP 10 1965

J. L. GORDON

ACTING DISTRICT ENGINEER

XERO  
COPYXERO  
COPYXERO  
COPYXERO  
COPY