

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions reverse side)

Form approved,
Budget Bureau No. 42-R1424.

HM000 - ARTESIA
HM000 - WOODS
BLM - SA

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT" for such proposals.)

5. LEASE DESIGNATION AND SERIAL NO. Skinner-Federal NM-0142321

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Not applicable

7. UNIT AGREEMENT NAME
Not applicable

8. FARM OR LEASE NAME
Skinner-Federal

9. WELL NO. 1

10. FIELD AND POOL, OR WILDCAT
Cato

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 8 - T-8S, R -30E

12. COUNTY OR PARISH Chaves

13. STATE New Mexico

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
Eugene E. Nearburg

3. ADDRESS OF OPERATOR
3303 Lee Parkway Dallas, Texas 75219

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface
Unit A (660 from East line & 660 from North line)
Section 8, T - 8S, R - 30E NMPM
Chaves County, New Mexico

14. PERMIT NO. Approved 8/10/67

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
4036 RKB

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input checked="" type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) _____	

(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 and 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.)*

After standing under pressure for 170.5 hours, 4 1/2" casing was pressured to 1500 psi for 30 minutes. There was no pressure drop.

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

SIGNED Patrick J. Gratton TITLE Exploration Manager DATE September 1, 1967

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD
J. W. Sutherland
District Engineer

*See Instructions on Reverse Side

RECEIVED

SEP 8 1967

U.S. GEOLOGICAL SURVEY
MEXICO