

(May 1980)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

(Other instructions on reverse side)

Form 100-10 (Rev. 12-1-77)

5. LEASE DESIGNATION AND SERIAL NO.

NM 11728

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

NZ

9. WELL NO.

3

10. FIELD AND POOL, OR WILDCAT

Wildcat

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

22-6N-3W-NMPM

12. COUNTY OR TERRITORY 13. STATE

Valencia NM

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

REESE AND JONES

3. ADDRESS OF OPERATOR

20 First Plaza, Suite 402, Albuquerque, N.M. 87102

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

660'FNL & 2312'FWL

14. PERMIT NO.

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

5956 Ungraded ground

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 OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Production casing

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

(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.)\*

Drilled 7 7/8" hole to 2725' TD. Ran electric logs (Neutron-Density, Dual Induction-SFL and Sonic) to total depth.

Ran 85 joints of casing (384' of 5 1/2", K-55, 15.5#, 8 Rd, Range 2 and 2326' of 5 1/2", K-55, 14#, 8 Rd, Range 2) Total equipment 2710 feet set @ 2716'. Guide shoe at 2716' and float collar at 2665'.

Cemented casing with 300 sacks of Class B cement, full returns during cementing operations. POB at 3:30 PM, March 25, 1980. Float held.

After 16 hours, WOC, tested casing with 1600 psi for 30 minutes, no pressure drop.

Ran cement bond log, top of cement at 1100 feet.

Now waiting on completion rig.



COPIED FOR RECORD

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

SIGNED

TITLE Morris B. Jones, Engineer DATE March 28, 1980

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE APR 1 1980

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

(May 1968)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 42-R1424.

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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. NM 11728
2. NAME OF OPERATOR REESE AND JONES	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 20 First Plaza, Suite 402, Albuquerque, N.M. 87102	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FNL & 2312' FWL	8. FARM OR LEASE NAME NZ
14. PERMIT NO.	9. WELL NO. 3
15. ELEVATIONS (Show whether OF, RT, GR, etc.) 5956 Ungraded ground	10. FIELD AND POOL, OR WILDCAT Wildcat
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 22-6N-3W-NMPM
	12. COUNTY OR PARISH Valencia
	13. STATE NM

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 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) <u>Production casing</u> <input checked="" type="checkbox"/>	

(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.)\*

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Now waiting on completion rig.

ACCEPTED FOR RECORD

APR 2 '80

DISTRICT

BY CMB

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

SIGNED

TITLE Morris B. Jones, Engineer DATE March 28, 1980

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

APR 1 1980

\*See Instructions on Reverse Side

GEOLOGICAL SURVEY  
DENVER, COLO.