

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIP
(Other Instruction
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.)

RECEIVED

| | | | |
|---|--|--|--|
| 1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER | | 7. UNIT AGREEMENT NAME | |
| 2. NAME OF OPERATOR Boyd Operating Company | | 8. FARM OR LEASE NAME Blakemore Federal | |
| 3. ADDRESS OF OPERATOR P. O. Box 1756, Roswell, New Mexico 88201 | | 9. WELL NO. #1 | |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660FNL, 660FWL | | 10. FIELD AND POOL, OR WILDCAT Wildcat | |
| 14. PERMIT NO. | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 20, T9s, R26E | |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3743.6 F.L. 3756 K.B. | | 12. COUNTY OR PARISH Chaves | |
| | | 13. STATE NM | |

NOV 13 1979

O. C. C.
ARTESIA, OFFICE

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

NOTICE OF INTENTION TO:

| | |
|--|---|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | MULTIPLE COMPLETE <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | ABANDON* <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> |
| (Other) <input type="checkbox"/> | |

SUBSEQUENT REPORT OF:

| | |
|--|--|
| WATER SHUT-OFF <input checked="" type="checkbox"/> | REPAIRING WELL <input type="checkbox"/> |
| FRACTURE TREATMENT <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/> |
| (Other) <input 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.)*

10/28/79 T.D. 5700. Ran a total of 142 jts. of 4½", 10.5#, K-55 casing. Set at 5700.58 with float collar at 5656.28' K.B. Cemented with 625 sx. of Class "C" 50-50 Pozmix w/8# salt 2# gel and ¼# of flo-seal per sx. Mixed at 14.15#/gal. with a yield of 1.26 ft 3/sx. Bumped plug with fresh water at 11:20 A.M. 10/27/79

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

SIGNED J. M. T. Boyd

TITLE President

DATE November 6, 1979

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE NOV 9 1979

CONDITIONS OF APPROVAL, IF ANY: