

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

NM DIST. 6016 JK
(Other Instructions on reverse)
Artesia, NM 88210

MISSION

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"/>		RECEIVED BY MAY 21 1984 O. C. D. ARTESIA, OFFICE	5. LEASE DESIGNATION AND SERIAL NO. NM-54263
2. NAME OF OPERATOR CARL A. SCHELLINGER			6. IF INDIAN, ALLOTTEE OR TRIBE NAME -
3. ADDRESS OF OPERATOR P.O. Box 447, Roswell, New Mexico 88201			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 & 1650' FEL Sec. 34			8. FARM OR LEASE NAME Reep Federal
14. PERMIT NO. -	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3608 GL; 3621 KB	9. WELL NO. 1	10. FIELD AND POOL, OR WILDCAT Wildcat
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 34, T-11-S, R-26-E	12. COUNTY OR PARISH Chaves
		13. STATE N.M.	

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 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) Intermediate Casing <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.)*

4/14/84: Ran 8 5/8" J-55, 24# casing, set at 1110', Cemented with 330 sacks Halliburton Lite & 200 sacks Class C, 2% CaCl; Ran Temp. Survey found top of cement at 210 feet; Pump cement through 1", 150 sacks Class C, 2% CaCl, Circulated to surface; WOC 18 hrs. Pressure test 1000 psi, OK.

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

SIGNED [Signature] TITLE Operator DATE April 16, 1984

(This space for Federal or State Office Use)

APPROVED BY PETER W. CHESTER TITLE DATE

CONDITIONS OF APPROVAL, IF ANY:

MAY 17 1984

*See Instructions on Reverse Side