

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

6. LEASE DESIGNATION AND SERIAL NO.

021825

8. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Lowe-Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Wildcat

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

30-15S-27E

12. COUNTY OR PARISH 13. STATE

Chaves

New Mexico

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 ☐ GAS WELL ☐ OTHER

Dry Hole

2. NAME OF OPERATOR

Charles B. Read

3. ADDRESS OF OPERATOR

P. O. Box 2126 Roswell, New Mexico 88201

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

1980' FSL & 1980' FEL Sec. 30-15S-27E

14. PERMIT NO.

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

3486' GL

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

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

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 perti-
nent to this work.)*

Total Depth 373'

We propose to run 2" tbg. to 218' and set a 125 sx cmt. plug @ 218-118'
and pull the 2" tbg. to 20' and set a 25 sx cmt. plug @ 20'-0' and erect a
dry hole marker.

RECEIVED

AUG 23 1968

O. C. C.
ARTERIA, OFFICE

RECEIVED

AUG 21 1968

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

SIGNED

TITLE Agent

DATE June 8, 1968

(This space for Federal or State office use)

APPROVED BY

TITLE

DISTRICT ENGINEER

DATE AUG 22 1968

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

