

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

Copy to SP

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-0458356
2. NAME OF OPERATOR Pubco Petroleum Corporation		6. IF INDIAN, ALLOTTEE OR TRIBE NAME --
3. ADDRESS OF OPERATOR Box 869, Albuquerque, New Mexico 87103		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 990' FNL & 1650' FEL, Sec. 26, T15S, R29E Chaves County, New Mexico		8. FARM OR LEASE NAME Sulimar Federal
14. PERMIT NO.		9. WELL NO. 2
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3933 GR.		10. FIELD AND POOL, OR WILDCAT Sulimar <i>Queen</i> and.
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 26, T15S, R29E
		12. COUNTY OR PARISH Chaves
		13. STATE New Mexico

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"/> Spudding	

(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.)*

Spudded 10" cable tool hole at 3:00 p.m. 11/26/69.
Drilled to 405'. Top of Salt 390'.
Set 8-5/8" O.D. 20#/ft. H-40 casing at 405, cemented with 75 sxs 2% CaCl₂.
Plug down 11:00 a.m. 12/3/69.
WOC 24 hrs., bailed hole dry, drilled plugs.
No show of water or fluids either before or after setting casing.

RECEIVED

DEC 23 1969

D. C. C.
ARTESIA, OFFICE

RECEIVED

DEC 15 1969

U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED Charles H. Lander TITLE Drilling Engineer DATE 12/12/69

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD PURPOSES

DEC 22 1969 C. F. Buehler
Date ACTING District Engineer

*See Instructions on Reverse Side