

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.5. LEASE DESIGNATION AND SERIAL NO.
NM 036718

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

~~Federal~~ Broton Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT
Wildcat11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 20, T-15s, R-28e

14. PERMIT NO.

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

3611 GR.

12. COUNTY OR PARISH

Chaves

13. STATE

New Mex.

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)

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.)*

1-15-75 Rigged up pulling unit, dug out cellar, pulled dry hole marker.

1-16-75 Rigged up reverse unit, ran 11" bit on tubing to top of 8 5/8" casing.
Ran 6 1/4" bit to 1910.32' inside casing.1-21-75 Ran seating nipple on tubing to 1852'. Put on tubing head & started
swabbing. Swabbed 40-50 bbls. water.

1-22-75 Swabbed 90 bbls. Fluid. Making very little gas.

1-23-75 Ran tubing to 1480', spotted 50 sx. cement plug 1480' - 1380'. Spotted
50 sx. cement plug 400-300, 10 sx. cement plug at surface. Set dry
hole marker.

RECEIVED

JAN 31 1975

U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED D. R. Mason D. R. Mason TITLE Chief ClerkDATE 1-29-75

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side