

N.M.O.C.D. COPY
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Form approved.
Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.

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 **OCT 17 1979 RECEIVED**

2. NAME OF OPERATOR **O. C. C. ARTESIA, OFFICE** **OCT 16 1979**

3. ADDRESS OF OPERATOR **P.O. Box 1383, Midland, Texas 79702** **U.S. GEOLOGICAL SURVEY**

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)
See also space 17 below.)
ARTESIA, NEW MEXICO

1980' FSL & 1980' FWL of Section 23, T-14S, R-29E

14. PERMIT NO. _____ 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
GR. 3789.6'

NM- 10466
6. IF INDIAN, ALLOTTEE OR TRIBE NAME _____
7. UNIT AGREEMENT NAME _____
8. FARM OR LEASE NAME
Henderson Federal
9. WELL NO. **1**
10. FIELD AND POOL, OR WILDCAT
Double L (Queen)
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 23, T-14S, R-29E
12. COUNTY OR PARISH **Chaves Co.** 13. STATE **N.M.**

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

NOTICE OF INTENTION TO :

SUBSEQUENT REPORT OF :

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"/>	

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) Run & Cement 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.)

Spud Date: 9-26-79

9-29-79 : Ran 365' of 8 5/8" 23# casing to a total depth of 365'. Well cemented with 150 sx Class C cement, 2% CaCl₂. Circulated 40 sx of cement to pit. WOC 18 hrs. Plan to drill out cement plug 9-30-79.

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

SIGNED _____ TITLE _____ DATE _____
(This space for Federal or State office use)
APPROVED BY *George H. Stewart* TITLE _____ DATE **OCT 16 1979**
CONDITIONS OF APPROVAL, IF ANY: _____