

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

SUBMIT (Other ins. on reverse side)
RIPLICATE* (Other ins. on reverse side)

Form approved.
Budget Bureau No. 42-R1424

5. LEASE DESIGNATION AND SERIAL NO. **SW1SW1 NM 03430**

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Gibson Federal

9. WELL NO.
2

10. FIELD AND POOL, OR WILDCAT
Wildcat

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
13-16S-28E

12. COUNTY OR PARISH
Eddy

13. STATE
New Mexico

1. ☐ OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR
Gordon M. Cone

3. ADDRESS OF OPERATOR
P.O. Box 1148, Lovington, New Mexico

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
1806' from North line and 834' from West line

14. PERMIT NO.

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

3584' Ground level

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.)*

On Sept. 23, 1964 we ran 287 feet of 8 5/8" casing, cementing with 50 sacks of Lone Star Cement and 1 sack of Calcium Chloride.

After waiting for cement to set, tests showed complete water shut off.

RECEIVED

OCT 14 1964

O. C. G.
ARTESIA, OFFICE

RECEIVED
OCT 13 1964
U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED

TITLE **Agent**

DATE **10-13-64**

(This space for Federal or State office use)

TITLE

DATE

APPROVED BY APPROVAL, IF ANY:

APPROVED
OCT 13 1964
P. L. BERNARD
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side