

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 068628

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Donohue Federal

9. WELL NO.

4

10. FIELD AND POOL, OR WILDCAT

High Lonesome

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

**Sec. 15,
T-16-S, R-29-E**

12. COUNTY OR PARISH

Eddy

13. STATE

New Mexico

1.

OIL
WELL ☐

GAS
WELL ☐

XX

OTHER ☐

Water supply well

2. NAME OF OPERATOR

SUN OIL COMPANY - DX Division

3. ADDRESS OF OPERATOR

P. O. Box 1416, 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 and 1980' FWL

14. PERMIT NO.

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

3687 DF

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 pertinent to this work.)*

Well is TA'd water supply well. Existing perforations 362-372, 263-273.

Proposed work:

- 1. Fill 8 5/8" casing with cement from 372' to surface.**
- 2. Set dry hole marker.**
- 3. Prepare location for inspection.**

RECEIVED

APR 10 1969

O. C. C.
ARTESIA, OFFICE

RECEIVED
APR 10 1969
ARTESIA, OFFICE

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

SIGNED

F.D. Lebe

TITLE

District Engineer

DATE **4/9/69**

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side