FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

U TED STATES

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) <u>Casing test</u>

Form approved. Budget Rurenn No. 42-R1424

(May 1905)	DEPARTMENT OF THE INTERIO GEOLOGICAL SURVEY	R verse side)	5. LEASE DESIGNATION AND SERIAL NO.		
SUNE (Do not use this f	6. IF INDIAN, ALLOTTEE OR TRIBE NAME				
1. GIL GAS G WELL WELL A	OTHER		7. UNIT AGREEMENT NAME		
2. NAME OF OPERATOR SOCONY Mobil	8 Fam of Lease Name Foderal "U"				
3. ADDRESS OF OPERATOR BOX 1800, Hob	9. WELL NO.				
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface			Wildost		
1980' FW&SL of Sec. Unit "K" NE/4, SW/4			11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA 9 178 24E		
14. PERMIT NO.	PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)		12. COUNTY OR PARISH 13. STATE Eddy New Mexico		
16.	Check Appropriate Box To Indicate Na	ture of Notice, Report, or C	Other Data		
N	OTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OF	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL		

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Other) 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give portinent 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.)*

Set 1950' of 9 5/8" 36#, J-55 casing at 1950'. Cemented 9 5/8" casing in 2 stages. First stage - cemented w/575 sx incor nest 4% gel + 100 sx incor nest 1/4#/sx flocele, 2% CaCl in nest cement. Plug down at 8:00 PM 2-21-65. Cement did not circulate. WOC 6 hours. Ran temperature survey - top of cement at 330'. Ran 1" pipe to 330'. Circulate cement w/125 sx incor neat. Completed 4:30 AM 2-22-65. WOC 18 hours. Tested 9 5/8" casing w/1500# for 30 minutes. Tested OK. Witness by U.S.G.S.

RECEIVED

MULTIPLE COMPLETE

CHANGE PLANS

1965 MAR 8

o. c. c. ARTESIA, DEFICE



ALTERING CASING

				<u> </u>
18. I hereby certify that the foregoing is true and correct	TITLE	్ర్యే స్ట్రామ్ల Supervisor	DATE	2 - 23 - 65
(This space for Federal or State office use)				
APPRAIRE PROVED	TITLE		DATE	

*See Instructions on Reverse Side