

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIP  
(Other instructions  
verse side)

TE

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 05-926

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Box "B"

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

2 miles  
Hennepin River

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

Sec 26, T-16-N, R-10-W

12. COUNTY OR PARISH

Edgar

13. STATE

New Mexico

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 ☐

2. NAME OF OPERATOR

Hennepin Oil Company

3. ADDRESS OF OPERATOR

Box 1011, Midland, Texas

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface

660' FWL & 660' FEL of Section 26

14. PERMIT NO.

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

3810 GL Est.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

PULL OR ALTER CASING

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON\*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

<input checked="" type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

REPAIRING WELL

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT\*

(Other)

(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.)\*

Spudded 15" hole 3:00 P.M. 6-1-65. Set & cmtd 11 3/4" 42# H-40 Csg @ 499' w/300 sx Class C 16% gel, 5% salt 12.5# gelsonite followed by 100 sx Class C cmt. Cmt circulated. Pressured tested csg to 1000 psi for 30 mins after WOC 72 hrs. Held OK.

RECEIVED

JUN 23 1965

G. D. C.  
ARTERIA, OFFICE

RECEIVED

JUN 21 1965

U. S. GEOLOGICAL SURVEY  
ARTERIA, NEW MEXICO

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

SIGNED J. E. Carnes

TITLE Dist Prod Foreman

DATE June 18, 1965

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

APPROVED  
JUN 22 1965  
H. L. BELMONT  
ACTING DISTRICT ENGINEER

\*See Instructions on Reverse Side