

Form 9-59  
(May 1965)UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE  
(Other instructions on reverse side)If approved,  
Submit Bureau No. 42-21421

5. LEASE DESIGNATION AND SERIAL NO.

NM 07781

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

## 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. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Arwood, Ltd. ✓		8. FARM OR LEASE NAME Loe Federal	
3. ADDRESS OF OPERATOR Box 20200 Dallas, Texas 75220		9. WELL NO. 9	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 330' from west 990' from south lines of Sec. 30		10. FIELD AND POOL, OR WILDCAT Square Lake	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 30 T16S, R31E	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3856' GR		12. COUNTY OR PARISH Eddy	
		13. STATE N.M.	

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

## NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input checked="" 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"/>		<input type="checkbox"/>

## SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input checked="" 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)	<input type="checkbox"/>		<input 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.)\*

The Loe Federal #9 was spudded 1-1-72. Drilled to TD 425', ran 8 5/8" surface casing. Set at TD and cemented with 185 sx. Cement circulated.

Drilled cement plug. Pressured casing and let stand. Pressure held, water shut off o.k.

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

SIGNED

R. L. Beekman

TITLE

Supt.

DATE

1-14-72

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED  
JAN 19 1972  
R. L. BEEKMAN  
ACTING DISTRICT ENGINEER

\*See Instructions on Reverse Side