

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

NM OIL CONS. COMMISSION
DEMIT IN TR. CATE*
(Other instructions on re-
verse side) 88910

Form approved.
Budget Bureau No. 42-R1424.

SF

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR H & S OIL COMPANY ✓	8. FARM OR LEASE NAME Scott Federal
3. ADDRESS OF OPERATOR Suite 303, First National Bank Bldg., Artesia, NM 88210	9. WELL NO. 1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FSL and 660' FEL, Sec.12-T17S-R2E, NM	10. FIELD AND POOL, OR WILDCAT Und. Red Lake (O.G.S.A.)
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 12-17S-27E
15. ELEVATIONS (Show whether DF, etc.) 3501 GR	12. COUNTY OR PARISH Eddy
	13. STATE New Mexico

RECEIVED BY
DEC 16 1985
O. C. D.
ARTESIA OFFICE

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) <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.)*

10-21-85 5:01 PM Spudded. TD at 300' 12 1/2 hole.
10-22-85 7:00 AM, Ran 8/5/8" 24# casing to 294.77'
Cemented with 250 sacks High Early II, with 2% CaCl
75 sacks to pit. Plug down at 8:15AM

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

SIGNED Robert W. Spence TITLE Partner DATE 12-12-85

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

Dec 13 1985

*See Instructions on Reverse Side