

(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)
MAY OIL CONS. COMMISSION

Budget Bureau No. 42-R1424

95F

5. LEASE DESIGNATION AND SERIAL NO.

NM-9987

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

7-Up Federal

9. WELL NO.

#1

10. FIELD AND POOL, OR WILDCAT

Und. High Lonesome-On

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

19-T16S-R29E

12. COUNTY OR PARISH

Eddy

13. STATE
NM

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

J. T. Haile Petroleum, Ltd. ✓

3. ADDRESS OF OPERATOR

813 S. Roselawn, Artesia, NM 88210

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

At surface

790' Fsl & 1174' FWL

14. PERMIT NO.

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

3658' Grd.

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 ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) Run prod. casing. ☐

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.) *

12-21-85 - T.D. 1900'. Ran 1900' of 5 1/2#, 14# casing. Cemented casing w/325 Sxs. Halliburton Light, 8#/salt, 1/4# floccle/sx. 100 Sxs. Class C cement, 6# salt, 2/10% CFR-3. Circulated 35 Sxs. to pit. Plugged down 3:00 p.m. Pressure test held fine.

Halliburton notified the BLM.

ACCEPTED FOR RECORD

GuD
JAN 3 1986

CARLSBAD, NEW MEXICO

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

SIGNED Chas. M. Hall TITLE Agent

DATE 12-31-85

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side