

Form 9-331  
(May 1963)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R1424.

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> <u>Drilling</u>	5. LEASE DESIGNATION AND SERIAL NO. <u>NM02447</u>
2. NAME OF OPERATOR <u>Dan American Petro. Corp.</u>	6. IF INDIAN, ALLOTTEE OR TRIBE NAME <u>Copy to 37.</u>
3. ADDRESS OF OPERATOR <u>Box 68, Hobbs, N.M. 88240</u>	7. UNIT AGREEMENT NAME <u>BIG EDDY UNIT</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <u>660' FSL X 1980' FEL, Sec. 27 (Unit A, SE 1/4 SW 1/4)</u>	8. FARM OR LEASE NAME
14. PERMIT NO.	9. WELL NO. <u>4</u>
15. ELEVATIONS (Show whether DF, RT, CR, etc.)	10. FIELD AND POOL, OR WILDCAT <u>under</u> <u>Lusk Strawn</u>
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>27-19-31 NMPM</u>
	12. COUNTY OR PARISH <u>EDDY</u>
	13. STATE <u>N.M.</u>

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input 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"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input 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"/>	

(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.)

On 6-3-65, 8 5/8" OD 32# J-55 Casing was set at 3980' and Cemented as follows: 1<sup>st</sup> stage X 250 R<sub>x</sub> Incon neat, 2<sup>nd</sup> stage X 1400 R<sub>x</sub> Incon 12% Gel, Salt saturated, followed by 200 R<sub>x</sub> Incon salt saturated. DV tool set at 2614'. Cement circulated after woc 18 hours, tested casing w/ 1500 PSI for 30 minutes. Test O.K.

Reduced hole to 7 7/8" at 3980' and resumed drilling operations.

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

SIGNED

V. A. STALEY

TITLE

Area Supt.

DATE

6-7-65

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL

TITLE

**APPROVED**  
**JUN 17 1965**

H. L. BEGGS  
ACTING DISTRICT ENGINEER

DATE

**RECEIVED**

**JUN 18 1965**

O. C. S.  
ARTESIA, OFFICE

085-4565  
1-St. J. J. J.  
1-P. J. J.  
1-J. J. J.  
1-E. J. J.  
1-W. J. J.

**RECEIVED**  
JUN 8 1965  
U. S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO