

UNITED STATES N. M. O. C. C. COPY
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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> Depleted oil well	5. LEASE DESIGNATION AND SERIAL NO. New Mexico 02447
2. NAME OF OPERATOR Perry R. Bass	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR Box 1178, Monahans, Texas 79756	7. UNIT AGREEMENT NAME Big Eddy Unit
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' from the west line and 660' from the north line. Unit letter C	8. FARM OR LEASE NAME Big Eddy Unit
14. PERMIT NO.	9. WELL NO. 5
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3486 KDB	10. FIELD AND POOL, OR WILDCAT Lusk (Strawn)
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 34, T19S, R31E
	12. COUNTY OR PARISH Eddy
	13. STATE N. Mex.

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 checked="" 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.)*

Rigged up DA&S Well Service unit 8-8-69. Pulled pumping equipment; ran a drillable retainer on 2-3/8" ODEUE tubing; set retainer in 4 1/2" OD casing at 11,354. Loaded casing and tubing with 9.5 lb. per gal. mud; squeezed 50 sx. regular neat cement (Plug #1) below retainer. Slurry weight 15.9 lbs. per gal. Maximum pressure 1500 psi. Pulled and laid down the tubing. Ran free point (McCullough), and cut the 4 1/2" OD casing at 5650. Circulated with 160 bbls. salt gel - brine mud. Using the 4 1/2" OD casing for a conductor, spotted 60 sx. of regular neat cement (Plug #2) at 5650. Slurry weight 15.9 lbs. per gal. Pulled the 4 1/2" OD casing up to 4650; spotted 60 sx. regular neat cement (Plug #3). Slurry weight 15.9 lbs. per gal. Pulled the 4 1/2" OD casing up to 3985; spotted 45 sx. of neat cement (Plug #4). Slurry weight 15.8 lbs. per gal. Pulled remaining 4 1/2" OD casing. Ran McCullough free-point; cut the 8-5/8" OD casing at 1000'. Pulled and laid down 30 joints (1000') of 8-5/8" OD casing. Ran 2-3/8" ODEUE tubing to 740'. Circulated with 120 bbls. of salt gel - brine mud. Spotted 75 sx. regular neat cement (Plug #5) at 740. Slurry weight 15.9 lbs. per gal. Pulled tubing up to 50'. Spotted 38 sx. of regular neat cement (Plug #6), to fill to the surface. Slurry weight 15.9 lbs. per gal. Installed well marker in top of surface casing; rigged down DA&S unit. Cleaned up location, ready for inspection, 8-14-69.

Recapitulation of plugging:				Calculated			
Plug #	Sacks	Bottom	Top	Plug #	Sacks	Bottom	Top
1	50	(Below retainer at 11,354)		4	45	3985	3842
2	50	5650	5487	5	75	740	630
3	60	4650	4487	6	38	50	Surface

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

SIGNED Walter L. Bowers TITLE Asst. Div. Mgr. DATE 8-19-69

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____

*See Instructions on Reverse Side

