

NMOCC COPY

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42 R1424.
5. LEASE DESIGNATION AND SERIAL NO.

LC-029392B

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. OIL ☒ GAS ☐
WELL WELL OTHER

RECEIVED

7. UNIT AGREEMENT NAME

2. NAME OF OPERATOR

Visa Exploration Corporation ✓

MAR 12 1979

8. FARM OR LEASE NAME

Federal 26

3. ADDRESS OF OPERATOR

1610 North J, Midland, Tx 79701

9. WELL NO.

3

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

D. C. C.
ARTESIA, OFFICE

10. FIELD AND POOL, OR WILDCAT

Shugart

2310' FNL & 1980' FEL

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

Sec. 26, T18S, R31E

14. PERMIT NO.

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

3657.8' GR

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"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

PULL OR ALTER CASING

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

REPAIRING WELL

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input checked="" type="checkbox"/>

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other) Casing Leak Survey

(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.) *

Checked, tested and approved by James Brasfield on Feb. 12, 1979.

RECEIVED
MAR 9 1979
U.S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED

Neel A. Taylor

TITLE

Agent

DATE

3/7/79

(This space for Federal or State office use)

APPROVED BY

Joe S. Lara

TITLE

ACTING DISTRICT ENGINEER

DATE

MAR 9 - 1979

CONDITIONS OF APPROVAL, IF ANY: