

**UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY**

N.M.O.C.D. COPY

SUBMIT IN TRIPlicate
(Other Instructions on
Reverse Side)

C:SF

SUNDRY NOTICES AND REPORTS ON WELLS

This form is to be used for reports on wells or to report on plug back to a different reservoir.
It is not to be used for "FOR PERMIT" for such purposes.

RECEIVED

OCT 12 1979

**O. C. C.
ARTESIA, OFFICE**

ARTESIA, NEW MEXICO CORPORATION

9400 Will Towers West, Midland, Texas, 79701

9400' PSL & 1540' PSL Sec. 11, T-19-S, R-25-E, Eddy Co., N.M.

9400' RR

10

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

NOTICE OF INTENTION TO:

☐ TEST WATER SHUT OFF	☐ PUMP OR ALTER CASING
☐ FRACTURE TREATMENT	☐ COMPLETE COMPLETION
☐ SHOOTING OR ACIDIZING	☐ ABANDON
☐ REPAIR WELL	☐ CHANGE PLANS
☐ OTHER	

SUBSEQUENT REPORT OF:

☐ WATER SHUT OFF	☐ REPAIRING WELL
☐ FRACTURE TREATMENT	☐ ALTERING CASING
☐ SHOOTING OR ACIDIZING	☐ ABANDONMENT
☐ (Other)	☒ Rng. Csg.

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

On this form, the person completing the report must state all pertinent details, and give pertinent dates, including estimated date of starting any project or work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to the project.

10/6/79 9300' WOC. (0') 49 days. MW 9.0, Vis 44, WL 5, FC 1/32, pH 9.5. Landed 4 1/2" 11.6# LT&C N-80. Cmt'd w/500 sx 50-50 Poz H, 5# salt, 2# Gel, .5# CFR-2, 1# Flocele, 725 sx C1 "H", .5# CFR-2, 5# KUL. Plug down 7 PM, MST. NO BOP. Set slips, cut off csg. RR @ 12:00 midnight, MST, 10/6/79. TOC 5490' by 3.

4 1/2" Csg. Detail:

Guide shoe	.75
1 jt 4 1/2" 11.6# LT&C N-80	36.25
Float Collar	1.42
31 jts 4 1/2" 11.6# LT&C N-80	1126.42
48 jts 4 1/2" 11.6# ST&C K-55	2003.11
98 jts 4 1/2" 10.5# ST&C K-55	4271.06
42 jts 4 1/2" 11.6# LT&C K-55	1871.23
	9310.24
Cut off	22.10
Total Pipe	9288.14
RKB	12.00
Pipe Set @	9300.14

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OCT 9 1979

**U.S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO**

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

SIGNED

TITLE

Division Production Manager

DATE

10/8/79

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: