

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 type="checkbox"/> RE-ENTRY <input type="checkbox"/> PLUG BACK <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. N.M. #0556290
2. NAME OF OPERATOR AVANCE OIL & GAS COMPANY, INC.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME N.A.
3. ADDRESS OF OPERATOR 626 VAUGHN BLDG., MIDLAND, TEXAS 79701		7. UNIT AGREEMENT NAME N.A.
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 990' FNL & 990' FEL OF SECTION 10, T-20-S, R-29-E		8. FARM OR LEASE NAME CANTER-FEDERAL
14. PERMIT NO.		9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3315' GR		10. FIELD AND POOL, OR WILDCAT WILDCAT
		11. SEC., T., R., M., OR B.L. AND SURVEY OR AREA SEC. 10 T-20-S, R-29-E
		12. COUNTY OR PARISH EDDY
		13. STATE N.M.

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	OPERATIONS FROM REENTRY TO 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.) *

OTD 13,020'

12/22/69 - Rigged Up Unit. Cleaned out to 4495'. Went in Hole Open ended and spotted 200 sx cement plug plus 2% CFR2 and 10% Sand from 3945 - 4495'.

Ran Tubing with 750' Stringer W/ Packer set at 750'.

Swabbed well. Swabbed 62 bbls. water and mud with slight show of gas. Swabbed dry. Then Swabbed 12 bbls. muddy water. Swabbed Dry.

Spotted 100 sx. cement plug 3300 - 3000'. and 10 sx. cement plug in surface.

Set Marker according to Oil Conservation Commission Rules & Regulations.

Released Unit.

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

SIGNED [Signature] TITLE Prod. Supt.

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE RECEIVED
CONDITIONS OF APPROVAL, IF ANY:

APPROVED

131
R. L. BECKMA
ACTING DISTRICT

FEB 19 1970

*See Instructions on Reverse Side

O. C. C.
ARTESIA, OFFICE

February 12, 1970