

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 ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR Ralph Lowe

3. ADDRESS OF OPERATOR
Box 832 Midland, Texas 79701

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.^o
See also space 17 below.)
At surface
1980' fr. North and 1650' fr. West Lines of Sec. 29

14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3698' GR
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7. UNIT AGREEMENT NAME
Indian Hills Unit

8. FARM OR LEASE NAME
Indian Hills unit

9. WELL NO. 3

10. FIELD AND POOL, OR WILDCAT
Indian Basin Upper Penn
Marathon

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

29-21-S-24-E

12. COUNTY OR PARISH	13. STATE
Eddy	New Mexico

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CAGING

MULTIPLE COMPLETE

ABANDON®

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) *Date Spended*

REPAIRING WALL

ALTERING CASINO

ABANDONMENT

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). *

Well spudded @ 7 P.M. on Sept. 9, 1965.

ON September 11, 1965 Ran 13 3/8" 48# Casing. Set at 240'.
Cemented w/ 150 Saps Incor, 12% Jel, 1/2# flocl, 4% HA5 + 150 Saps
Incor w 1/2# flocl + 4% HA5 Plug down at 1:45 PM Top of Cement
at 60'. Thru 1" pipe Cemented w/ 50 Saps Incor w/ 4% CC 1 Saps
Flocl. Top of Cement at 20'. 100 Saps Incor neat Cement to Surface.
After 24 hours pipe Tested w/ 1500# for 30 Min. Pipe Tested
O.K.

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

SIGNED [Signature] TITLE Agent

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

APPROVED

SEP 3 1965
RUDOLPH C. BAIER, JR.
ACTING DISTRICT ENGINEER

***See Instructions on Reverse Side**

RECEIVED

U.S. DEPT. OF STATE

AUSTRIA NEW MEXICO

DATE: 9/27/65

TO: [illegible]

FROM: [illegible]

SUBJECT: [illegible]