

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 ☐ GAS WELL ☒ OTHER ☐

2. NAME OF OPERATOR Ralph Lowe

3. ADDRESS OF OPERATOR PO Box 832, Midland, Texas 79701

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

14. PERMIT NO. \_\_\_\_\_

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
3698 GR

5. LEASE DESIGNATION AND SERIAL NO.  
LC064391-B + NM033049  
(CA-SW-272)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME \_\_\_\_\_

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

11. SEC., T., R., M., OR BLM., AND SURVEY OR AREA  
29-21-S-24-E

12. COUNTY OR PARISH  
Eddy

13. STATE  
New Mexico

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 checked="" 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 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.)\*

Ran 9 5/8" 36# Casing on Sept. 18, 1965 Set at 2075'. Cemented with 500 Suf 8% Jel, 50/50 Posmix, 1/4# flocl; 800 Suf 4% Jel, 50/50 Posmix 1/4# Flocl, 100 Suf Incorment Plug down @ 8:45 AM Top cement @ 905'. Thru 1" Pipe Cemented in 28 additional stages - See attached.

RECEIVED

OCT 1 1965

O. C. C.  
ARTESIA, OFFICE

RECEIVED  
SEP 29 1965  
U. S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO

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

SIGNED Ralph Lowe

TITLE Agent

DATE 9/27/65

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

APPROVED

WITNESSED BY BAIER

SEP 30 1965  
RUDOLPH C. BAIER, JR.  
ACTING DISTRICT ENGINEER

\*See Instructions on Reverse Side