

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN THE
(Other instru-
verse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

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 WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> | 7. UNIT AGREEMENT NAME |
| 2. NAME OF OPERATOR <i>Ralph Lowe</i> | 8. FARM OR LEASE NAME <i>Indian Basin "C"</i> |
| 3. ADDRESS OF OPERATOR <i>Box 832, Midland, Texas</i> | 9. WELL NO. <i>3</i> |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <i>1500' from South & West Lines of Sec. 25</i> | 10. FIELD AND POOL, OR WILDCAT <i>Indian Basin (Upper Permian)</i> |
| 14. PERMIT NO. | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <i>25-21-S-23-E</i> |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) <i>3793' GR</i> | 12. COUNTY OR PARISH <i>Eddy</i> |
| | 13. STATE <i>New Mexico</i> |

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.)*

ON December 16, 1965 run 5 1/2" 17# J-55 Casing set @ 7567'.
Cemented w/ 200 sacks 4% Tel, 1/4# FC, and 100 Sack Reg. Neat.
Plugdown @ 6:45 PM. Top of Cement 5700'. after 36 hours
Pipe tested with 1500# pressure for 30 min. Pipe tested O.K.

RECEIVED

DEC 27 1965

U.S.
GEOLOGICAL SURVEYRECEIVED
DEC 23 1965
U.S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

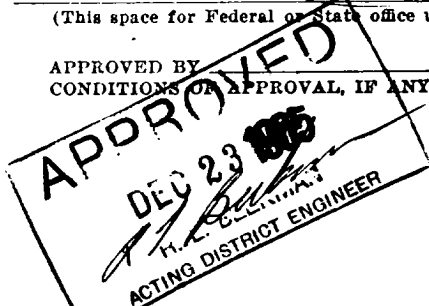
SIGNED *G. J. [Signature]*TITLE *agent*DATE *12/21/65*

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE



*See Instructions on Reverse Side