

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.

NM 033647-B

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Socony Mobil Oil Company, Inc. Agent for Chevron Oil Company		8. FARM OR LEASE NAME Bogle Flats Unit	
3. ADDRESS OF OPERATOR Box 1800, Hobbs, New Mexico		9. WELL NO. 9	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1650' from East Line, 2035' from North Line, Sec. 17, T-22-S, R-23-E, Eddy County, New Mexico		10. FIELD AND POOL, OR WILDCAT Indian Basin Upper Penn	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, OR, etc.) 4157 GL	
		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:		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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Casing & Test <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.)*

Set 2280' of 8-5/8" 32# @ 2280', cemented w/675 sax Tretolite wt. + 100 sax Regular Neat, all cement contained 2% HA-5. Plug down 7:30 P.M. 2-28-66. Cement did not circ. WOC 6 hours. Howco ran Temp. Survey, top of cement 300'. Ran 1" pipe on outside 8-5/8" to 300'. Howco cemented thru 1" pipe w/175 sax Regular neat, cement circ. Job Comp. 5:45 A.M. 3-1-66. WOC a Total of 30 hours. Tested w/1000# 30 min. OK.

RECEIVED

MAR 2 1966

E. G. C.
ARTESIA OFFICE

RECEIVED
MAR 7 1966
U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

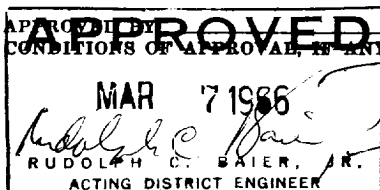
SIGNED

E. J. Kennon

TITLE Group Supervisor

DATE Mar. 2, 1966

(This space for Federal or State office use)



TITLE

DATE

*See Instructions on Reverse Side