

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN THE MANNER INDICATED
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 04219

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR S. P. Yates		8. FARM OR LEASE NAME Anderson	
3. ADDRESS OF OPERATOR 207 South 4th Street - Artesia, New Mexico 88210		9. WELL NO. 1	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2080' FSL & 1700' FEL of Section 11-20-26		10. FIELD AND POOL, OR WILDCAT <u>H. McMillan S.R.G.</u> <u>Undesignated</u>	
14. PERMIT NO.		11. SEC., T., B., M., OR BLK. AND SURVEY OR AREA Sec. 11-20S-26E NMPM	
15. ELEVATIONS (Show whether DF, RT, CR, etc.) 3276' GR		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:

TEST WATER SHUT-OFF <input checked="" 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.)*

Spudded 10-3/4" hole at 11:00 A.M. 7-13-68.

7-15-68 - TD 242'. Ran 214' of 8-5/8" 24# J-55 8R thd. casing and cemented with 50 sacks of cement. WOC.

7-17-68 - WOC 24 hours. Drilled out cement to test for water shut-off. Hole tested dry below 8-5/8" casing. Resumed drilling.

RECEIVED
JUL 19 1968
U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED Paul White TITLE Engineer DATE 7-18-68

(This space for Federal or State office use)

APPROVED
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____

JUL 22 1968
R. L. DEAN
ACTING DISTRICT ENGINEER

*See instructions on Reverse Side