

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN THE
(Other Instructions
on reverse side)ICATE
ON REForm approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 0424861

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal Gas "Com"

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Springs Upper Penn Gas

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

Sec. 3-21S-25E

14. PERMIT NO.

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

GL 3313.7'

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

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☐

PULL OR ALTER CASING

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☐
☐

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

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☐

REPAIRING WELL

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FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other) Cement 8-5/8" casing

X

(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.)*

Drilled 11" hole to 2702'. Ran 84 jts. 8-5/8" casing, 32#, 8R, J-55, ST&C, Rge. 2, Cond. 1, Overall 2717.00', Effective 2687.00', set from 13.00' below KDB to 2700'. Last setting depth includes Baker float and guide shoe 3.25'. Ran 4 centralizers on bottom joint, and Baker locked bottom 3 joints of casing. Halliburton cemented 8-5/8" casing with 1200 sacks Lite Wate with 12-1/2# Gilsonite per sack followed by 200 sacks Class C with 2% CC, pump pressure 800 psi. Bumped plug with 1500 psi, F.C. held O.K. Circulated 420 sacks cement to pit. W.O.C. 24 hrs. Tested 8-5/8" casing and blank rams to 1800 psi for 30 minutes. Held O.K.

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

SIGNED

C. A. Hill-JA.

TITLE Area Supt.

DATE 9-9-68

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side

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