

N. M. O. C. C. COPY

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Copy to SF

Form approved
Bureau Order No. 42 H424
5. LEASE DESIGNATION AND SERIAL NO.

NM-0354732

6. IF INDIAN, ADOPTED 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		RECEIVED		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Cities Service Oil Company ✓		OCT 19 1973		8. FARM OR LEASE NAME Elizando Federal	
3. ADDRESS OF OPERATOR Box 4906 - Midland, Texas 79701		D. C. C. ARTESIA, OFFICE		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 660' FNL & 1980' FWL of Section 28, T-21-S, R-27-E Eddy County, New Mexico				10. FIELD AND POOL, OR WELLZONES Unders. Morrow	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3211' GR.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 28, T21S, R27E	
				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 checked="" type="checkbox"/> Commence Drilling	

(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.)*

T.D. 440' Anhydrite. Prep to drill ahead. Spudded @ 1:00 PM on 10-6-73. Drilled to a T.D. of 440' and ran 14 jts. (422') 16" OD 65# H-40 Casing set and cemented @ 440' w/ 265 sacks Halliburton Lite w/150 sacks Class C w/2% Ca Cl Cement. 1/2# Flocele sack and 2% Ca Cl. Plug Down @ 3:45 PM on 10-8-73. Cement did not circulate. Ran temp. survey. Top of cement @ 85'. Ran 1" tubing in annulus to 80'. Displaced 75 sacks Class C w/4% Ca Cl cement. Did not circulate. WOC 2 hrs. Tagged bottom @ 60'. Displaced 50 sacks Class C w/4% Ca Cl cement. Did not circulate. WOC 2 hrs. Tagged bottom @ 45'. Displaced 50 sacks Class C w/4% Ca Cl cement. Cement circulated to surface but fell back to 25'. Displaced 25 sacks Class C w/4% Ca Cl cement. Cement circulated to surface. WOC 16 hrs. Total WOC time of 20 hrs. Tested 16" casing with 800 psi for 30 minutes with no drop in pressure. USGS notified but did not witness.

RECEIVED

OCT 12 1973

J. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED E. A. Miller TITLE Region Operation Manager DATE October 10, 1973

(This space for Federal or State office use)

APPROVED BY
OCT 13 1973
H. L. BEEKMAN
ACTING DISTRICT ENGINEER

TITLE _____ DATE _____