

(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

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		5. LEASE DESIGNATION AND SERIAL NO. NM 14768
2. NAME OF OPERATOR MONSANTO COMPANY		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 101 North Marienfeld, Midland, Texas		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FNL & 1980' FWL Section 11		8. FARM OR LEASE NAME WILDERSPIN
14. PERMIT NO.		9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) DF 3285; Gr. 3270		10. FIELD AND POOL, OR WILDCAT Burton Flat - Morrow
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 11, T-21S, R-27E
		12. COUNTY OR PARISH Eddy
		13. STATE New Mexico

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.)*

Drilled 12 $\frac{1}{4}$ " hole to 2960'.

Set 9 5/8" Csg. 36# K-55 ST&C @ 2960'; cemented to surface w/ 1100 Sx. Lite Cement, 5% Gilsonite, 2% CaCl., + 150 Sx. Class "C" w/ 2% CaCl; Plug down 1:30 PM 1/5/74.

WOC 24 Hrs. & tested w/ 2000 psi for 30 Mins., held OK.

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

SIGNED H. L. BEEKWINE TITLE District Engineer

DATE 1/10/74

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

APPROVED
JAN 11 1974
H. L. BEEKWINE
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side

RECEIVED
JAN 11 1974
U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO