

UNITED STATES M. O. C. O. COMPLI
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 14768

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

WILDERSPIN

9. WELL NO.

1

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

1.

OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

MONSANTO COMPANY

3. ADDRESS OF OPERATOR

101 North Marienfeld, Midland, Texas 79701

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

14. PERMIT NO.

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

DF 3285; Gr. 3270

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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☐
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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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☐

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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(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 8 3/4" hole to total depth of 11,700' and set 7" 26# N-80, S95, Butt. & LT&C Casing set @ 11,700'; Cemented w/ 750 Sx. Class "H", 3/4 of 1% CFR2, 8# Salt/Sx. w/ 1/2# Flocele. Plug down 5:15 A.M. 2/26/74; WOC 24 Hrs & tested w/ 1500 psi for 30 Mins., held OK.

Top Cement by Temp. Survey 7400'.

RECEIVED

MAR - 6 1974

U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED

D. W. Wood

TITLE

Dist. Prod. Mgr.

DATE

3/5/74

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OR APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side