

(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Florida application
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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		RECEIVED JUL 21 1978 O. C. C. ARTESIA OFFICE	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 1330 Midland NBT, Midland, Texas 79701			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	9. WELL NO. 1
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3285 DF	10. FIELD AND POOL, OR WILDCAT BURTON FLAT-MORROW & STRAWN
			11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 11, T-21S, R-27E
			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 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 checked="" type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input 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"/>		<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.) *

This well is a triple completion in the Morrow, Strawn and Wolfcamp.
The cumulative production from the Morrow is 549 Bbls. Cond & 466,956 MCF gas;
from the Strawn 843 Bbls. Cond. & 34,801 MCF gas and 16,176 Bbls. Cond. & 212,617
MCF gas from the Wolfcamp. The Strawn and Morrow are depleted and Wolfcamp has
developed a tubing leak. Production from the Wolfcamp prior to tubing leak was
130 MCF gas per day and 6 Bbls. Cond.

The Morrow & Strawn tubing strings will be salvaged from the well and CIBP set @
11,000' & 10,250' w/ 40' cement on top of each bridge plug. Replace bad joints
in Wolfcamp tubing string and return well to Wolfcamp production.

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

SIGNED D.E. Brown D.E. Brown TITLE Regional Prod. Mgr. DATE 7/13/78

(This space for Federal or State office use)

APPROVED BY (Orig. Sgd.) ALBERT R. STALL ACTING DISTRICT ENGINEER DATE JUL 19 1978
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side