

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRI
(Other instruction
verse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 0501759

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Avanot Hills

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

Burton Flat - Morrow

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

Sec. 7, T-21S, R-27E

12. COUNTY OR PARISH

Eddy

13. STATE

New Mexico

1. OIL ☐ GAS ☒ OTHER
WELL WELL

2. NAME OF OPERATOR

MONSANTO COMPANY - PRODUCTION DEPT.

3. ADDRESS OF OPERATOR

321 West Texas, 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 & 2030' FEL Sec. 7

NOV 1974

14. PERMIT NO.

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

2188 Gr.

C. C. C.
ARTESIAL OFFICE

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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 perti-
nent to this work.)*

Drilled 12 1/4" hole to 2470' & set 9 5/8" 36# K-55 ST&C Casing @ 2470';
Cemented w/ 1100 Sx. Lite Wt w/ 5# Gilsonite/Sx., 2% CaCl & 150 Sx.
Class "C", 2% CaCl. Plug down 1:00 A.M. 10/20/74; Cemented thru 1"
w/ 900 Sx. Class "C", 2% CaCl. Cement circulated; job complete 11:00
A.M. 10/23/74; WOC 24 Hrs; tested w/ 1500 psi for 30 Mins., held OK.

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

SIGNED

TITLE Dist. Prod. Mgr.

DATE 10/31/74

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side