

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Form approved. Copy
Budget Bureau No. 42-1424.

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)

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 <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM 0490017-A	
2. NAME OF OPERATOR MONSANTO COMPANY		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 101 North Marienfeld, 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' FWL & 660' FSL Section 5		8. FARM OR LEASE NAME FASKEN-FEDERAL	
14. PERMIT NO.		9. WELL NO. 2	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3213 Gr.		10. FIELD AND POOL, OR WILDCAT WILDCAT	
O. C. C.		11. SEC., T., R., M., OR BLEK. AND SURVEY OR AREA Sec. 5, T-21S, R-26E	
		12. COUNTY OR PARISH Eddy	
		13. STATE New Mexico	

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AUG 19 1974

ARTESIA, OFFICE

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 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 8 3/4" hole to a total depth of 10,950' & set 5 1/2" 17#, 20# and 23# P-110 & N-80 Casing at 10,950'; Cemented w/ 800 Sx. Class "H" w/ 3/4% CFR-2 & 8# Salt/Sx. Pumped plug down with 2% KCL Fresh Water;

Plug down 1:30 PM 8/4/74;

WOC 24 Hrs. & tested to 1500 psi for 30 Mins., held OK.

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AUG 14 1974

U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED

E.M. Scholl

TITLE

Dist. Prod. Mgr.

DATE

8/13/74

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

APPROVED

AUG 16 1974

H. L. BECKMAN
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side