

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

SUBMIT IN TRI
(Other instruction
verse side)

Copy 05F
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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER Dry Hole		RECEIVED
2. NAME OF OPERATOR <div style="text-align: right; font-weight: bold;">JAN 8 - 1975</div> Southern Union Production Company ✓		
3. ADDRESS OF OPERATOR Suite 1700, 8350 N. Central Expwy. Dallas, TX 75206		
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FNL, 1980' FEL		
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3861.7 GR	

5. LEASE DESIGNATION AND SERIAL NO. NM-12828
6. IF INDIAN, ALLOTTEE OR TRIBE NAME NA
7. UNIT AGREEMENT NAME NA
8. FARM OR LEASE NAME Shelby Federal
9. WELL NO. 4
10. FIELD AND POOL, OR WILDCAT Wildcat
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA G-12-22S-24E
12. COUNTY OR PARISH Eddy
13. STATE New Mexico

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input checked="" type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <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.)*

10/16-12/16/74 Drilled to TD of 10,700'.

Formation Tops:

Proposed 100' cmt. plugs to be set at:

2520 Delaware Mtn Group
6020 Bone Springs
7280 Wolfcamp
7890 Cisco-Canyon
8900 Strawn
9306 Atoka
10140 Morrow
10506 Barnett Shale

1. 9306
2. 7890
3. 6020
4. 4400
5. 2520
6. 900
7. 10 sx cement plug @ surface.

RECEIVED

DEC 30 1974

U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED [Signature] TITLE Staff Engineer DATE 12/21/74

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

APPROVED

JAN 7 - 1975
R. L. BEEKMAN
ACTING DISTRICT ENGINEER

APPROVED SUBJECT TO POSSIBLE ADDITIONAL
REQUIREMENT THAT PAD AND/OR ROAD
BE RIPPED AND SEEDED

*See Instructions on Reverse Side

CONTACT THIS OFFICE REGARDING ABOVE
BEFORE MAKING FINAL CLEANUP.