

DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

(Other Instructions  
verse side)

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. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> DRY HOLE  |  | 5. LEASE DESIGNATION AND SERIAL NO.<br>NM 0490017-A                      |                         |
| 2. NAME OF OPERATOR<br>MONSANTO COMPANY   |  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                                     |                         |
| 3. ADDRESS OF OPERATOR<br>321 West Texas, Midland, Texas 79701  |  | 7. UNIT AGREEMENT NAME   |                         |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface<br>1980' FEL & 990' FSL Section 6 |  | 8. FARM OR LEASE NAME<br>FASKEN FEDERAL                                  |                         |
| 14. PERMIT NO.  |  | 9. WELL NO.<br>3   |                         |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br>3211 RKB  |  | 10. FIELD AND POOL, OR WILDCAT<br>AVALON - MORROW                        |                         |
|   |  | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>Sec. 6, T-21S, R-26E |                         |
|   |  | 12. COUNTY OR PARISH<br>Eddy   | 13. STATE<br>New Mexico |

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 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 checked="" 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 total depth of 10,823' and plugged and abandoned as follows:

| Sx. Class | "H" Cement | Depth         |
|-----------|------------|---------------|
| 50        |            | 10,275-10,125 |
| 50        |            | 9,125- 8,975  |
| 50        |            | 7,800- 7,650  |
| 35        |            | 5,600- 5,500  |
| 35        |            | 3,730- 3,630  |
| 35        |            | 2,010- 1,910  |
| 10        |            | 0- 20         |

RECEIVED

APR 29 1975

O. C. C.  
ARTESIA, OFFICE

Hole between cement plugs was filled with better than 25% gel per bbl wtr;  
Job complete 4:00 PM 4/6/75. Dry hole marker set at surface with location marked thereon. No casing was pulled.

You will be notified when location is cleaned up and ready for inspection.

RECEIVED

APR 28 1975

U. S. GEOLOGICAL SURVEY  
ARTESIA, N. M.

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

SIGNED

TITLE Regional Production Mgr.

DATE

4/25/75

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side