

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

SUBMIT IN FULL
(Other Instructions
on reverse side)

Form approved.
Budget Bureau No. 42-B1424.
1. LEASE DESIGNATION AND SERIAL NO.

NM 15003

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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	
2. NAME OF OPERATOR Cities Service Oil Company	
3. ADDRESS OF OPERATOR Box 1919 - 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' FSL & 660' FEL of Sec. 10-T20S-R28E, Eddy Co., New Mexico	
5. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3265' GR

7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME Government AB	
9. WELL NO. 2	
10. FIELD AND POOL, OR WILDCAT Undes. Burton Flat Morrow	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 10-T20S-R28E	
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:

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.) *

T.D. 3005' Lime. Prep to drill ahead. Drilled to a T.D. of 3000' and stuck 9-5/8" casing @ 2770' while running in the hole. Could not rotate nor reciprocate. USGS gave approval to cement casing at this point. Ran 66-1/4 Jts. (2756.92') 9-5/8" OD 36# K-55 casing set and cemented @ 2770' w/920 sacks Halliburton Lite w/10# Gilsonite and 1/2# Flocele/sack followed by 200 sacks Class C w/2% CaCl cement. Plug down @ 12:12 pm on 3-7-75. Bumped float with 2000# - Held O.K. No circulation during cementing job. WOC 6 Hrs. Ran Temp. Survey. Top cement @ 1520'. Ran 1" tubing in annulus to 1430' and pumped cement plugs as follows:

Stage No. 1:	50 sacks Class C 4% CaCl 1/4#/sack Flocele.	WOC 3 Hrs.	TC @ 1122' (308' fill)
Stage No. 2:	75 sacks Class C 4% CaCl 1/4#/sack Flocele.	WOC 2 Hrs.	TC @ 875' (217' fill)
Stage No. 3:	75 sacks Class C 4% CaCl 1/4#/sack Flocele.	WOC 2 Hrs.	TC @ 719' (156' fill)
Stage No. 4:	50 sacks Class C 4% CaCl 1/4#/sack Flocele.	WOC 3 Hrs.	TC @ 629' (90' fill)
Stage No. 5:	100 sacks Class C 4% CaCl 1/4#/sack Flocele.	WOC 2 Hrs.	TC @ 620' (9' fill)
Stage No. 6:	75 sacks Class C 4% CaCl 1/4#/sack Flocele.	WOC 3 Hrs.	TC @ 575' (45' fill)
Stage No. 7:	50 sacks Class C 4% CaCl 1/4#/sack Flocele.	WOC 2 Hrs.	TC @ 475' (100' fill)
Stage No. 8:	175 sacks Class C 4% CaCl 1/4#/sack Flocele.	Cement Circulated to surface.	

WOC 36 Hrs. Total WOC time of 59 Hrs. Tested 9-5/8" casing to 1700# for 30 mins. with no drop in press. Drilled Float and 1/2 shoe Jt. and tested to 1700# for 30 mins. - Held O.K. Drilled rest of shoe Jt., washed 230' to 3000' and drilled 5' to 3005'. Tested w/Halliburton to eq. mud wt. 10.0#/gal @ 0.3 B/M to max. press. of 350# for 30 mins. - Held O.K.

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

ORIGINAL SIGNED
SIGNED BY E. Y. WILDER TITLE Region Operation Manager DATE March 11, 1975

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

RECEIVED

MAR 17 1975

*See Instructions on Reverse Side

O. C. C.
ARTESIA, OFFICE