

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

SUBMIT IN TRIPlicate
(Other Instructions on
reverse side)

Copy 6-1
Form approved.
Budget Bureau No. 42 R1424
5. 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. OIL WELL ☐ GAS WELL ☒ 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

14. 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"/> | <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 type="checkbox"/> |
| (Other) <input checked="" type="checkbox"/> Set and cementing 5-1/2" csg. | <input checked="" 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. 11,449' Shale. Waiting on completion unit. Drilled to a T.D. of 11,449' and ran 25 Jts. (1021.28') 5-1/2" OD 20# N-80 and 324-1/2 Jts. (10414.22') 5-1/2" OD 17# N-80 casing set and cemented @ 11,449' w/1025 sacks Class H w/0.6 of 1% CFR-2 and 5# KCL/sack cement. Plug down @ 12:15 am on 4-11-75. Bumped float with 2900# - Held O.K. WOC 6 Hrs. Ran Temp. Survey. Top of cement @ 7600'.

RECEIVED

APR 16 1975

U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED BY E. Y. WILDER TITLE Region Operation Manager DATE April 14, 1975

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

APPROVED
APR 16 1975
E. Y. WILDER
REGIONAL DISTRICT ENGINEER