

**UNITED STATES DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY**

**N. M. O. C. COPY**

SUBMIT IN TRIPlicate\*  
(Other instructions on reverse side)

*copy to SF*  
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.)

<p>1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER</p> <p>2. NAME OF OPERATOR Cities Service Oil Company ✓</p> <p>3. ADDRESS OF OPERATOR P. O. Box 1919 - Midland, Texas 79701</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State regulations. See also space 17 below.) At surface 660' FNL, 1980' FWL of Section 34, T-21-S, R-27-E, Eddy County, New Mexico</p> <p>14. PERMIT NO.</p>		<p align="center"><b>RECEIVED</b></p> <p align="center"><b>OCT 27 1976</b></p> <p align="center"><b>O. C. C. ARTESIA, OFFICE</b></p> <p>5. LEASE DESIGNATION AND SERIAL NO. NM 0354232</p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME Elizondo Federal X</p> <p>9. WELL NO. 4</p> <p>10. FIELD AND POOL, OR WILDCAT Und. Burton Flat Morrow</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 34, T-21-S, R-27-E</p> <p>12. COUNTY OR PARISH Eddy</p> <p>13. STATE New Mexico</p>																					
<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3167.95' GR</p>		<p>16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data</p> <table border="0" style="width:100%;"> <tr> <td colspan="2">NOTICE OF INTENTION TO:</td> <td colspan="2">SUBSEQUENT REPORT OF:</td> </tr> <tr> <td>TEST WATER SHUT-OFF <input type="checkbox"/></td> <td>PULL OR ALTER CASING <input type="checkbox"/></td> <td>WATER SHUT-OFF <input checked="" type="checkbox"/></td> <td>REPAIRING WELL <input type="checkbox"/></td> </tr> <tr> <td>FRACTURE TREAT <input type="checkbox"/></td> <td>MULTIPLE COMPLETE <input type="checkbox"/></td> <td>FRACTURE TREATMENT <input type="checkbox"/></td> <td>ALTERING CASING <input type="checkbox"/></td> </tr> <tr> <td>SHOOT OR ACIDIZE <input type="checkbox"/></td> <td>ABANDON* <input type="checkbox"/></td> <td>SHOOTING OR ACIDIZING <input type="checkbox"/></td> <td>ABANDONMENT* <input type="checkbox"/></td> </tr> <tr> <td>REPAIR WELL <input type="checkbox"/></td> <td>CHANGE PLANS <input type="checkbox"/></td> <td>(Other) <input type="checkbox"/></td> <td></td> </tr> </table> <p>(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)</p>		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 checked="" 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 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"/>	
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 checked="" 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 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"/>																					

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. 3020'. Lime & Sand. Prep. to drill ahead. Ran 14 jts. (620.51') 8-5/8" OD 32#, 8R, K55, ST&C casing & 58-1/2 Jts. (2381.49') of 8-5/8" OD 24#, 8R, K55 ST&C casing set @ 3020' and cemented with 300 sacks thick set w/10# Gilsonite & 1/4# Flocele/sack and 3% CaCl, followed by 900 sacks Halliburton Lite w/9# Gilsonite & 1/4# Flocele per sack, followed by 300 sacks Class C w/2% CaCl. Plug down @ 0530 MDT, 10/13/76. Cement circulated. WOC 16 hrs. Pressure tested BOP's/5000# - ok and Hydril 3500# - ok. Tested casing 1500#/30mins. - ok.

Chuck Thomas of the U.S.G.S. witnessed the job.

**RECEIVED**  
**OCT 21 1976**  
**U. S. GEOLOGICAL SURVEY**  
**ARTESIA, NEW MEXICO**

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

SIGNED <u><i>E. Phillips</i></u>	TITLE <u>Region Operations Manager</u>	DATE <u>October 18, 1976</u>
(This space for Federal or State office use)		
APPROVED BY <u><i>Joe D. Lara</i></u>	TITLE <u>REGIONAL ENGINEER</u>	DATE <u>OCT 20 1976</u>
CONDITIONS OF APPROVAL, IF ANY:		