

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TWO COPIES\*  
(Other instructions on reverse side)Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 55038

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Big Eddy Unit

8. FARM OR LEASE NAME

9. WELL NO.

67

10. FIELD AND POOL, OR WILDCAT

S. Maroon Cliffs Morrow

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

Sec. 15, T21S, R30E

12. COUNTY OR PARISH

Eddy

13. STATE

New Mexico

1. OIL ☐ GAS ☒ OTHER ☐  
WELL WELL XX

2. NAME OF OPERATOR

W. C. Blanks

3. ADDRESS OF OPERATOR

302 Building of the Southwest, 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 and 990' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DT, RT, GR, etc.)

3,265.2' GL

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

## NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐(Other) ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETION ☐ABANDON\* ☐CHANGE PLANS ☐

## SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) ☐REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT\* ☐Progress Report (Completion) ☒(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.)

1-13-79 thru 1-17-79: Waiting on completion.

1-18-79: Rigged up Clarke Well Service Unit. Unloaded 2 3/8" tubing. Waiting on 2 7/8" tubing.

1-19-79: Nippled up well head. Installed hydraulic BOP and flow line anchors. Picked up 3 7/8" bit, casing scraper, 6 - 3" drill collars, 49 joints, 2 3/8" tubing and 197 joints, 2 7/8" tubing (total of 8055'). SDFN.

RECEIVED

MAR 21 1979

O. C. C.  
ARTESIA, OFFICE

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

SIGNED

Patty Robbins

TITLE

Agent

DATE

1-19-79

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

UNITED STATES  
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## NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐

(Other)

PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON\* ☐CHANGE PLANS ☐

## SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐

(Other)

REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT\* ☐Progress Report (Completion) ☒(NOTE: Report results of multiple completion on Well  
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