

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN APPLICATION*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 12-R-424.
LEASE DESIGNATION AND SERIAL NO.

NM055038

C. 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 additional use of
Use APPLICATION FOR PERMIT on for such proposals.)

RECEIVED

1. OIL <input type="checkbox"/> GAS <input checked="" type="checkbox"/> WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	MAR 28 1979	7. UNIT AGREEMENT NAME Big Eddy Unit
2. NAME OF OPERATOR W. C. Blanks	D. C. C.	8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR 302 Building of the Southwest, Midland, Texas 79701	ARTESIA, OFFICE	9. WELL NO. 67
4. LOCATION OF WELL. Report location clearly and in accordance with any State requirements. See Appendix 17 for well at surface 1980' FSL and 990' FWL		10. FIELD AND POOL, OR WILDCAT Wildcat - Atoka
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 15, T21S, R30E
14. REPORT NO. -----	15. DEPTH ALONG STRIKE, whether by RT, GR, etc.) 3265.2' GL; 3281' KB	12. COUNTY OR PARISH 13. STATE Eddy New Mexico

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST TO THE SHUT-OFF <input type="checkbox"/>	TEST TO ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRAC TREATMENT <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	FRAC 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) Progress Report <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 (Client, 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 the work.)

3-17-79 through 3-21-79: Shut in. Hooking up surface equipment and laying flow line.

3-22-79: Opened well and started selling gas through line 3-21-79. In 24 hours, flowing at the rate of 779 MCF on a 16/64" choke with 670# tubing pressure and 620# casing pressure.

3-23-79: Well flowing at the rate of 426 MCF on a 24/64" choke. Not making much water. Well died at 2:00 a.m., 3-23-79 - Hi/Lo valve malfunctioned. Opened well to pit for 2 hours and put back on line - 1650# TP; 720# CP.

FINAL.

RECEIVED

MAR 26 1979

U.S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED Patty RobbinsTITLE AgentDATE 3-23-79

(This space for Federal or State office use)

APPROVED BY James J. LaraTITLE ACTING DISTRICT ENGINEERDATE MAR 27 1979

CONDITIONS OF APPROVAL, IF ANY: