

UNITED STATES GEOLOGICAL SURVEY
DEPARTMENT OF THE INTERIOR
N.M.O.C.D. copy IN TRIPL
(Other Instructions
reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-070286

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Hudson Federal

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

Delaware

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

Sec. 4, T-21-S, R-29-E

12. COUNTY OR PARISH

Eddy

13. STATE

NM

1.

OIL WELL ☒ GAS WELL ☐ OTHER

2. NAME OF OPERATOR

Meadco Properties, Ltd. ✓

3. ADDRESS OF OPERATOR

P. O. Box 2236, Midland, Texas 79702

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)

At surface

1832' FNL & 660' FWL, Sec. 4, T-21-S, R-29-E

14. PERMIT NO.

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

3438.2 GR.

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

Cementing 8 5/8" csg

(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

X

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.)*

8 5/8" csg set at 550'. Cir cem w/300 sx. class C, 2% CaCl₂. Plug down 12:30 PM 4/1/80.

RECEIVED

JUN 2 1980

O. C. D.
ARTESIA, OFFICE

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

SIGNED

Marilyn Russell

TITLE Agent

DATE 5/29/80

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

MAY 2 1980

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side