

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

5. LEASE DESIGNATION AND SERIAL NO.

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>                       | SEP 15 1980                                    | 7. UNIT AGREEMENT NAME                           |
| 2. NAME OF OPERATOR                                                                                                                    | O. C. D.                                       | 8. FARM OR LEASE NAME                            |
| 3. ADDRESS OF OPERATOR                                                                                                                 | ARTESIA, OFFICE                                | 9. WELL NO.                                      |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.<br>See also space 17 below.)<br>At surface |                                                | 10. FIELD AND POOL, OR WILDCAT                   |
| 14. PERMIT NO.                                                                                                                         | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA |
|                                                                                                                                        | 3220.6' GL 3238.6 KB                           | 12. COUNTY OR PARISH                             |
|                                                                                                                                        |                                                | 13. STATE                                        |

|                                                                               |                                               |                                                                                                       |                                          |
|-------------------------------------------------------------------------------|-----------------------------------------------|-------------------------------------------------------------------------------------------------------|------------------------------------------|
| 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data |                                               |                                                                                                       |                                          |
| 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 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 checked="" type="checkbox"/> SPUD DATE Y SURFACE CSG                                   |                                          |
| (Other) <input 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.)\*

SPUDED 15" HOLE AT 9:00 AM, JUNE 8, 1980.

DRILLED 15" HOLE TO 263'. RAN 6 TTS 11 7/8", 42#, H-40, STQC CASING. SET AT 261.55'. CEMENTED W/300SKS CLASS "C" PLUS 2% CaCl<sub>2</sub>. CIRCULATED OUT 100 SKS. PLUG DOWN @ 7:PM JUNE 8, 1980. WOC FOURTEEN (14) HOURS - TESTED CASING TO 1,000' - HELD OK. DRILLED CEMENT, FLOAT COLLAR AND GUIDE SHOE. DRILLING 11" HOLE.

RECEIVED

AUG 26 1980

U.S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO18. I hereby certify that the foregoing is true and correct  
SIGNED H. D. Wurtz, Jr. TITLE Asst. Prod. Clerk DATE Aug. 25, 1980  
(This space for Federal or State office use)APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:ACCEPTED FOR RECORD  
DATE 8/27/80

AUG 27 1980

U.S. GEOLOGICAL SURVEY  
ROSWELL, NEW MEXICO

\*See Instructions on Reverse Side

## Instructions

**General:** This form is designed for submitting proposals to perform certain well operations, and reports of such operations when completed, as indicated, on Federal and Indian lands pursuant to applicable Federal law and regulations, and, if approved or accepted by any State, on all lands in such State, pursuant to applicable State law and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office.

**Item 4:** If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

**Item 17:** Proposals to abandon a well and subsequent reports of abandonment should include such special information as is required by local Federal and/or State offices. In addition, such proposals and reports should include reasons for the abandonment; data on any former or present productive zones, or other zones with present significant fluid contents not sealed off by cement or otherwise; depths (top and bottom) and method of placement of cement plugs; mud or other material placed below, between and above plugs; amount, size, method of parting of any casing, liner or tubing pulled and the depth to top of any left in the hole; method of closing top of well; and date well site conditioned for final inspection looking to approval of the abandonment.