| Form | 9-331 |
|------|-------|
| (May | 1963) |

## Form approved. Budget Bureau No. 42-R1424. ED STATES

| DEPARTMENT OF THE INTERIOR vorse side)   |  |                             | NM 17220       |   |               |
|--|--|-----------------------------|----------------|---|---------------|
| C158   | GEOLOGICAL SUR   | VEY AM                      | <u>84510</u>   | 6. IF INDIAN, ALLOTTEE                              | OR TRIBE NAME |
| (D) was man thin for   | RY NOTICES AND REPORT OF PROPERTY OF THE PROPE | or plug back to a different | eservoir.      |   | RECEIVE       |
| OIL WELL X   | OTHER  |                             | W.E.           | 7. UNIT AGREEMENT NAM                               | 0V 2 m        |
| 2. NAME OF OPERATOR Cities Service Company  OCT 28 1981  |  |                             |                | Government AL                                       |               |
| 3. ADDRESS OF OPERATOR P.O. Box 1919   | - Midland, Texas 7970  | 2 Oil & C                   |                | 9. WELL NO.   | TERRALL TOP   |
| 4. Location or well (Report location clearly and in accordance with any state redurithments at SURVEY See also space 17 below.) At surface  660'FNL & 1980'FEL of Sec. 17-T20S-R28E, |  |                             |                | Undes. Morrow                                       |               |
| Eddy County, New Mexico.   |  |                             |                | 11. SEC., T., R., M., OR BLK. AND<br>SURVEY OR AREA |               |
|  |  |                             |                | Sec. 17-T20S  | -R28E         |
| 14. PERMIT NO.   | 15. ELEVATIONS (Show 3272 GR   | whether DF, RT, GR, etc.)   |                | 12. COUNTY OR PARISH Eddy                           | N. Mex.       |
| 16.  | Check Appropriate Box To Inc   | dicate Nature of Notice     | , Report, or C | )ther Data  |               |
| NOT  | TICE OF INTENTION TO:  |                             | SUBSEQU        | JENT REPORT OF:                                     |               |

PULL OR ALTER CASING TEST WATER SHUT-OFF ALTERING CASING FRACTURE TREATMENT MULTIPLE COMPLETE FRACTURE TREAT ABANDONMENT\* SHOOTING OR ACIDIZING ABANDON\* SHOOT OR ACIDIZE (Other) \_ REPAIR WELL CHANGE PLANS (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

WATER SHUT-OFF

REPAIRING WELL

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.) \* (Other)

T.D. 11,310' Shale. Waiting on completion unit. Drilled a 7-7/8" hole to a T.D. of 11,310' in Shale. Ran and set 35 Jts.(1427.42') 5-1/2"OD 20# N80 and 239 Jts.(9866.18') 5-1/2"OD 17# N80 casing @ 11,310' and cemented with 850 sacks of Class H  $\rm w/0.4$  of 1%CFR-2, 3# KCL, 1/4# Flocele & 0.3 of 1% Halad 22/sack cement. PD @ 0030 MDT on 10-18-81. Ran Temp. Survey. Top of cement @ 7900'.

| SIGNED FILE CONTRACTOR SIGNED   | Enhanced<br>TITLE Region Opr. Mgr Recovery | DATE |
|---|--|------|
| (This space for Federal or State office use)  OCT 2 9 1981  APPROVED BY CONDITIONS OF APPROVAL, IF ANY:  U.S. GEOLOGICAL SHRVEY | TITLE                                      | DATE |