

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

NM OIL CONS. C. T. SSION
SUBMIT IN TRII ATE.
Drawn (D) Instructions on re-
verse side)
Artesia, NM 88210

Form approved.
Budget Bureau No. 42-R1424.

C/SF

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a plugged reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. NM 13232
2. NAME OF OPERATOR Cities Service Company/	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 1919 - Midland, Texas 79702	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660'FNL & 1980'FWL of Sec. 3-T20S-R28E, Eddy County, New Mexico	8. FARM OR LEASE NAME Government AN Com
14. PERMIT NO.	9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3284'GR	10. FIELD AND POOL, OR WILDCAT Winchester Indes. Morrow
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 3-T20S-R28E
	12. COUNTY OR PARISH Eddy
	13. STATE N. Mex.

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 checked="" 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 type="checkbox"/>	(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.) *

T.D. 11,275' Shale. Waiting on a completion unit. Drilled a 7-7/8" hole to a T.D. of 11,275' in Shale. Ran and set 36 Jts.(1489.25') 5-1/2"OD 20# N80 and 229 Jts.(9769.38') 5-1/2"OD 17# N80 casing @ 11,275' and cemented with 1000 sacks of Class H w/0.4 of 1% CFR-2, 3# KCL, 1/4# Flocele & 0.3 of 1% Halad 22/sack cement. PD @ 1130 MDT on 8-28-81. Ran Temp. Survey. Top of cement @ 7650'.

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

SIGNED <i>Robert A. Chapman</i>	TITLE <i>Region Opr. Mgr. - Recovery</i>	DATE <i>10-24-81</i>
(This space for Federal or State office use)		
APPROVED BY <i>OCT 29 1981</i>	TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY: U.S. GEOLOGICAL SURVEY ROSWELL, NEW MEXICO		

*See Instructions on Reverse Side