

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

5. LEASE DESIGNATION AND SERIAL NO.

NM 040 5444-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Todd-Federal "A"

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Wildcat

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

26-23S-31E

12. COUNTY OR PARISH 13. STATE

Eddy

NewMex

1980' FN & EL Sec. 26

14. PERMIT NO.

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

3437' GR

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Cmt 2nd Interm. Csg

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)*

Drilled 12 $\frac{1}{4}$ " hole 4,414-12,728'

9-20-69: Ran 323 jts 10-3/4" - 60.7# P-110, Hydril Triple Seal casing and set at 12,721'.

Cmtd 1st stage with 800 sx "Lite-Weight" & 400 sx Class C neat with 10# salt/sx.

Cmtd 2nd stage thru stage collar @ 7987' with 200 sx "Lite-Weight" with 5# gilsonite & $\frac{1}{4}$ # Flocele per sack. Temperature survey indicated top cmt at 5948'. WOC 24 hrs, nipples up and pressure-tested with 5000 psi for 30 min - no pressure loss.9-23-69: Drilling 9 $\frac{1}{2}$ " hole.RECEIVED
OCT 29 1969
D. C. C.
ARTESIA, OFFICE
RECEIVED
OCT 28 1969
U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED

TITLE Production Superintendent Date Oct 27, 1969

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

ACTING District Engineer

*See Instructions on Reverse Side

OCT 28 1969

Date