

Form 9-331
(May 1963)UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		MAR 2 1970	
2. NAME OF OPERATOR Texas American Oil Corporation ✓			
3. ADDRESS OF OPERATOR 1012 Midland Savings Building, Midland, Texas 79701 O.C.C. ARTESIA, OFFICE			
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FNL, 1650' FEL			
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3444' GR, 3454' RKB	

5. LEASE DESIGNATION AND SERIAL NO. NM 0405444-A	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME Todd-Federal "26"	
9. WELL NO. 2	
10. FIELD AND POOL, OR WILDCAT Wildcat	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 26, T-23-S, R-31-E	
12. COUNTY OR PARISH Eddy	13. STATE New Mexico

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input checked="" type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) Run & Cement 5½" Casing	

(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.)*

2-10-70: TD 6140'. Ran 188 joints, 5½", 15.5# Range 2, casing set @ 6125'. Cement first stage w/200 sxs Class C w/8% gel and 340 sxs Incor 50-50 Diamix w/¼# flocler per sx. Second stage from 4292 to surface: cement w/910 sx Trinity Lite-Wate w/7.5# salt and ¼# flocler per sx followed by 50 sx Class C w/¼# flocler per sx Circulated 75 sx on first stage and 15 sx on second stage.

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

SIGNED Roy K. Valla TITLE Production Manager DATE February 25, 1970

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE District Engineer DATE FEB 27 1970

ACTING

*See Instructions on Reverse Side