

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN 1 LOCATE*
(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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM 040547	
2. NAME OF OPERATOR Pennzoil United, Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Drawer 1828 - Midland, Texas		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 1980 FSL & 990 FWL of Sec. 6, T-23-S, R-27-E		8. FARM OR LEASE NAME Gulf Federal	
14. PERMIT NO.		9. WELL NO. 2	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3212.4 GL		10. FIELD AND POOL, OR WILDCAT So. Carlsbad (Morrow Gas) " " (Strawn Gas)	
11. SEC., T., R., M., OR BDE. AND SURVEY OR AREA Sec. 6, T-23-S, R-27-E		12. COUNTY OR PARISH Eddy	
13. STATE N. M.			

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) Casing setting & test <input checked="" 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.)*

Drilled 8 1/2" hole to 11,833'. Ran logs. Ran 5 1/2" OD, 17# & 20#, N-80 casing to 11,830'. Cemented w/750 sx Class "C" 2% gel w/5# salt & 3/4% CFR-2 per sack. Plug down @ 5:15 A.M. 1-26-72.

Ran temperature survey & located TOC @ 8140'.

On 1-28-72, rigged up completion unit. Tested casing to 5000#
Tested O.K.

Now working on completion.

RECEIVED

FEB 1 - 1972

U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED

TITLE Drilling Superintendent

DATE

1-31-72

(This space for Federal or State office use)

APPROVED

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

FEB - 1 1972
R. L. BEEKMAN
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side