

N. M. O. C. C. COPY
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TR
(Other instructi
verse side)CATE*
on re-Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM-0540701-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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7. UNIT AGREEMENT NAME

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8. FARM OR LEASE NAME

Drag-A

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT
Carlsbad, South (Morrow) Gas11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

18, 23-S, 27-E

14. PERMIT NO.

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

later

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

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FRACTURE TREAT.

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

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☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

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☐

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Spud well

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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☐
☒(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.)*

MI & RU Warton Drilling Company rotary. Spudded 17-1/2" hole at 5 PM, 3-22-72. Drilled to 370', conditioned hole. Set 10 joints (370 feet) 13-3/8" O.D., 48#, H-40, ST&C, A-condition casing at 370', Howco cemented w/450 sx Class H cement w/2% CaCl₂ and 1/4# Flocele/sx. Plug to 335' w/53 BW at 300#. Circulated 30 sx cement. Job complete 2:30 AM 3-23-72. WOC 18 hrs, tested casing w/800# for 30 minutes, OK. Drilled cement from 310' to 370', started drilling ahead at 370' with 11" bit.

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

SIGNED

W. J. Mueller

TITLE Senior Reservoir Engineer

DATE 3-28-72

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side