

**UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY**

SUBMIT IN TRIPPLICATE  
(Other instructions on  
reverse side)

*Copy to 517*

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		<b>RECEIVED</b>
2. NAME OF OPERATOR <p align="center">Pennzoil Company</p>		
3. ADDRESS OF OPERATOR <p align="center">P. O. Drawer 1828 - Midland, Texas 79701</p>		
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <p align="center">2300' FSL &amp; 1980' FEL of Section 10, Twp. 24-S, Rge. 26-E</p>		
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) <p align="center">3325 G.L?</p>	

5. LEASE DESIGNATION AND SERIAL NO. <p align="center">NM 0413245</p>	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME <p align="center">O'Neill -B-</p>	
9. WELL NO. <p align="center">1</p>	
10. FIELD AND POOL, OR WILDCAT <p align="center">Wildcat</p>	
11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA <p align="center">Sec. 10, T-24-S, R-26-E</p>	
12. COUNTY OR PARISH <p align="center">Eddy</p>	13. STATE <p align="center">N.M.</p>

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 type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <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.) \*

See attached detailed daily drilling report

**RECEIVED**

JAN - 9 1974

U. S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO

18. I hereby certify that the foregoing is true and correct		
SIGNED <i>J. P. Raney</i>	TITLE <p align="center">Petroleum Engineer</p>	DATE <p align="center">1-8-74</p>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		