| DEDADY MENT OF THE L | STBMIT IN (Other Instruc NTERIOR verse side) | on re- 5. LEASE DESIGNATION AND SERIAL NO. |
|--|---|---|
| GEOLOGICAL SUR | VEY | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |
| SUNDRY NOTICES AND REPO | ORTS ON WELLS | |
| WELL GAS WELL OTHER | DCT 23 1985 | 8. FARM OR LEASE NAME |
| NAME OF OPERATOR | 000 | O'Neill Federal |
| J.H. Comine Jr. | ARTESIA, OFFICE | 9. WELL NO. |
| 402 First National Bank Blog. Mi | with any State requirements. | 10. FIELD AND POOL, OR WILDCAT S. Carlsbad Morrow |
| See also space 17 below.) At surface 660' FWL & 1980' FNL Sec. 1 | | 11. SEC., T., R., M., OR BLK. AND |
| | | SURVEY OR AREA |
| | | Sec. 1 T245 - R26 B 12. COUNTY OF PARISH 13. STATE |
| | v whether DF, HT, GR, etc.) | Eddy N.M. |
| (/-0/3 & /0 / / = | II. All A. (Nation | Report or Other Data |
| 6. Check Appropriate Box To I | ndicate Nature of Notice, | SUBSEQUENT REPORT OF: |
| NOTICE OF INTENTION TO: | | REPAIRING WEGL |
| TEST WATER SHUT-OFF PULL OR ALTER CASING | WATER SHUT- | -OFF |
| FRACTURE TREAT MULCIPLE COMPLETE | SHOUTING OR | X |
| SHOOT OR ACIDIZE ABANDON* | | |
| REPAIR WELL CHANGE PLANS | | Report results of multiple completion on Well tion or Recompletion Report and Log form.) |
| (Other) 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state of the control of the cont | | |
| proposed work. If wen is directioning | osurface locations and measured a | and true vertical depths for an ani- |
| nent to this work.) | | _ |
| 8-15-78 Set 25 sks cement plug 11 | | 42 42 |
| 8-15-78 Set 25 sks cement plug 10 | 3,000. = 10,000. | 7 7/8 |
| 8w22w78 Set 35 aks cement plug | ,, | 7 7/8 |
| | 8,0001 = 7,9001 | 7 7/8 - |
| 9-23-78 Set 35 sks cement plug | 6,000' = 5,900' 4,000' = 3,900' | 7 7/8 - 8 5/8 |
| | 2,185' w 2,035' | 8 5/8 |
| 4_22_78 Set 40 sks Cement Pres | | 13 3/8 |
| 8-23-78 Set 20 sks cement plug | 20. 2 | *** |
| and and additionaling | | |
| Pulled 9079.10° of 4½° casing | | |
| Pulled 11,626.19 of 2 3/8 tubing | | for the second |
| | | i. |
| | | ر با الماري |
| | | $\mathcal{H}_{i,j}$ |
| | | |
| | | Post ED- |
| | | 10-25-8 |
| | | 10-13-0 |
| | | T¥*# |
| | | |
| 18. I hereby certify that the foregoing is true and correct | WITH P. OWNER | DATE AUGUST 24. |
| SIGNED | TITLE Comex | DATE |