

NMOCC COPY
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPI
(Other instructions
verse side)

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Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-064200

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Pennzoil Federal

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

South Carlsbad (Morrow)

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 10, T-24-S, R-26-E

12. COUNTY OR PARISH

Eddy

13. STATE

NM

1. OIL WELL ☐ GAS WELL ☒ OTHER ☐ Dry Hole

2. NAME OF OPERATOR

C & K Petroleum, Inc. ✓

3. ADDRESS OF OPERATOR

P.O. Drawer 3546, Midland, Texas 79702

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below.)
At surface

1980' FSL & 660' FWL, Sec. 10, T-24-S, R-26-E, Eddy Co., NM

14. PERMIT NO.

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

3359 Gr.

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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☐

PULL OR ALTER CASING

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☐
☐
☐

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

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REPAIRING WELL

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☐
☐

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other)

13-3/8" csg.

X

(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.)*

Well Spudded @ 5:45 PM 2-22-78. Drilled 17-1/2" hole to 500'. Ran 12 jts. 13-3/8", 48#, csg. Set a 499'. Cemented W/700 sx. Class "C" cement. Cement circulated. Plug down @ 1:15 PM. WOC 18 hrs. Tested with 500# 30 min. Held O-K.

RECEIVED
NOV 22 1978
U.S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED

TITLE

Administrative Supervisor

DATE

11-21-78

(This space for Federal or State office use)

APPROVED BY

TITLE

ACTING DISTRICT ENGINEER

DATE

NOV 22 1978

CONDITIONS OF APPROVAL, IF ANY: