

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Form approved
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM-15295

6. INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

CK Federal

9. WELL NO.

2

10. FIELD AND POOL OR WILDCAT

Wildcat

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

Sec. 8, T-24-S, R-26-E

12. COUNTY OR PARISH

Eddy

13. STATE

NM

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. WELL TYPE
OIL ☐ GAS ☐
WELL ☒ WELL ☐

OTHER

2. NAME OF OPERATOR

C & K Petroleum, Inc.

3. ADDRESS OF OPERATOR

P.O. Drawer 3546, Midland, Texas 79702

4. LOCATION OF WELL (If located on surface, also space 17 below)

1707' FSL & 349' FEL, Sec. 8, T-24-S, R-26-E, Eddy Co., NM

14. ELEVATION

15. ELEVATIONS (Show whether DE, RL, GR, etc.)

3481.9 Gr.

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

17. NATURE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRAC TURE TREAT

MULTIPLE COMPLETION

FRAC TURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANS

(Other)

(Other)

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

18. DESCRIBE PROPOSED OR PROPOSED WORK. If pertinent to this work.

19. COMPLETED OPERATIONS. Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any work if is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.

We originally planned to drill this well from surface to TD with a Rotary Rig.
We now plan to drill the well to approx. 2200' with cable tools and then on to 3000' or T with a Rotary Rig.

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

SIGNED

TITLE Administrative Supervisor

DATE 11-8-79

(Original Signature) GEORGE H. STEWART

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: