

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRI-STATE
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

Copy to
5-9

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. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
J. N. C. Ritchie

3. ADDRESS OF OPERATOR
P. O. Box 5321, Midland, Texas 79701

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
330' FNL & 1650' FWL
Unit Letter C

14. PERMIT NO.
30-815-01156

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3233 GL

5. LEASE DESIGNATION AND SERIAL NO.
LC-068823-C

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
Welch

8. FARM OR LEASE NAME
Welch Unit

9. WELL NO.
5

10. FIELD AND POOL, OR WILDCAT
Welch Delaware

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
21-26-S, R-27-E

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 <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" 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.)*

December 20 & 21, 1969

20 sx cement plug at 2085' - filled casing with 9.6% brine mixed with salt gel to make mud. Shot off 5 1/2" casing at 1604'. Spotted 20 sx cement plug at 1595' pulled 5 1/2" casing to 235' - spotted 20 sx plug - put 5 sx cement in surface with marker.

Location not cleaned up - tank battery not moved - will advise when this has been done and ready for inspection.

RECEIVED

OCT 15 1970

D. C. C.
APTESIA OFFICE

RECEIVED

JAN 20 1970

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

SIGNED Bill Haberman TITLE Agent

DATE 12-31-69

(This space for Federal or State office use)

APPROVED BY R. L. BEEKMAN TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: _____

*See Instructions on Reverse Side

content