Form 9-331
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE* (Other instructions on reverse side)

Copy to SF

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.: NM 0437880

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

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 Water Supply Well

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JAN 8 - 1975
O. C. C.
ARTESIA, NEW MEXICO

7. UNIT AGREEMENT NAME:

2. NAME OF OPERATOR: Texas Pacific Oil Company, Inc.

8. FARM OR LEASE NAME: Water Creek Phantom Draw Unit Fed.

3. ADDRESS OF OPERATOR: P. O. Box 4067, Midland, Texas 79701

9. WELL NO.: 1

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: Unit M 660' FWL & 660' FSL

10. FIELD AND POOL, OR WILDCAT: N/A

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: 20-26S-31E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 3187 GR

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:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	☐	PULL OR ALTER CASING	☐	WATER SHUT-OFF	☐	REPAIRING WELL	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐	FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐	SHOOTING OR ACIDIZING	☐	ABANDONMENT*	X
REPAIR WELL	☐	CHANGE PLANS	☐	(Other)			
(Other)				(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.) *

1. CIBP set at 225'.
2. Perf 110-170 - acidized - recovered no water.
3. Circ w/50 sx. Class C Cement to surface.
4. Reset dry hole marker.
5. Cleaned location.

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ARTESIA, NEW MEXICO

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

SIGNED [signature] TITLE District Drlg. Coordinator DATE 10-10-74

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

APPROVED
JAN 7 - 1975
[signature]

*See Instructions on Reverse Side