

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPlicate
(Other Instructions
on reverse side)Form approved.
Budget Bureau No. 42-R1424.

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		RECEIVED	
2. NAME OF OPERATOR Bell Petroleum Company		NOV - 1973	
3. ADDRESS OF OPERATOR P. O. Box 1538 Midland, Texas 79701			
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FSL & 760' FEL Section 30, T-25-S, R-29-E		5. LEASE DESIGNATION AND SERIAL NO. NM-0458587	
		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
		7. UNIT AGREEMENT NAME	
		8. FARM OR LEASE NAME Cities Service Federal	
		9. WELL NO. 1	
		10. FIELD AND POOL, OR WILDCAT Wildcat	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 30, T-25-S, R-29-E	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, OR, etc.) 2933.40 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 <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Surface casing depth change <input checked="" type="checkbox"/>	
(Other) <i>Change log program</i> <input checked="" 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.) *

8-5/8" surface casing depth to be changed to 350' (instead of 500' as first reported for approval) cemented with 500 sx Halliburton lite cement with 1/4# flocele per sack, 5# Gilsonite per sack & 2% CaCl per sack, plus 150 sx Class "H" cement with 1/4# flocele per sack & 2% CaCl per sack.

RECEIVED
NOV 5 1973
U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED *L. O. Payne*

TITLE Production Supervisor

DATE 11-1-73

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

APPROVED
NOV 6 - 1973
R. L. BEEKMAN
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side