

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIAL
(Other instruction
verse side)

NOTE

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM-1128

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.)

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Morrison Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Wildcat

11. SEC., T., R., M., OR B.L. AND
SURVEY OR AREA

Sec. 26, T-26-S, R-23-E

12. COUNTY OR PARISH

Eddy

13. STATE

N. M.

1.

OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

C & K Petroleum, Inc.

3. ADDRESS OF OPERATOR

607 Midland National Bank Bldg., Midland, Texas 79701

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface660' FN and 1980' FE Lines, Sec. 26, T-26-S, R-23-E, Eddy County,
New Mexico.

14. PERMIT NO.

Approved 12-26-73

15. ELEVATIONS (Show whether EF, RT, CS, etc.)

4110 Gr.

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐

(Other)

PULL OR ALTER CASING ☒MULTIPLE COMPLETION ☐ABANDON* ☐CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐

(Other)

REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT* ☐(NOTE: Report results of multiple completion on Well
Completion or Recombination 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 perti-
nent to this work.) *With reference to our Application For Permit to Drill above well, filed 12-24-73 and
Approved 12-26-73, we propose to alter the 9 5/8" Intermediate casing as follows:

Size of Hole	Size of Csg.	Wt. Per Ft.	Setting Depth	Quantity of Cement
12"	8 5/8"	24#	1850	1400 cu. Ft. Cement

The balance of the Casing Program will not be altered.

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

SIGNED

TITLE Administrative Supervisor

DATE January 7, 1974

(This space for Federal or State office use)

APPROVED

SIGNATURES OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side