

UNIT 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.

30-015-23017

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

ROSS DRAW UNIT

8. FARM OR LEASE NAME

ROSS DRAW Unit

9. WELL NO.

8

10. FIELD AND POOL, OR WILDCAT

UND Ross Draw Bone Springs Gas

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

Sec. 27, T-26-S, R-30E

12. COUNTY OR PARISH

Eddy

13. STATE

NM

1. OIL ☐ GAS ☒ WELL ☒ OTHER

2. NAME OF OPERATOR

FLORIDA EXPLORATION COMPANY

3. ADDRESS OF OPERATOR

Suite 900-Vaughn Bldg., Midland, TX 79701

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

Unit Letter G 1650 FEL and 1650 FNL

14. PERMIT NO.

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

3,019.5 GL

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 COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☒

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) Deepen

REPAIRING WELL ☐

ALTERING CASING ☒

ABANDONMENT* ☐

(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.)*

Set 7" casing @ 11,800'

Set 5" FJ liner @ TD

Deepen to 12,400'

RECEIVED
NOV 16 1979
U.S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED

TITLE Division Engineer

DATE 11-15-79

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side