

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NEW OIL STATES COMMISSION
SUBMIT IN THE
(Other instructive
verse side)
88210

CATE-
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Budget Bureau No. 1004-0135
Expires August 31, 1985

468

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"/>		5. LEASE DESIGNATION AND SERIAL NO. LC061497	
2. NAME OF OPERATOR RHYMES DRILLING COMPANY, INC ✓		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR BOX 729, ROSWELL, NEW MEXICO 88201		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State Requirements. See also space 17 below.) At surface 572' FNL & 1715' FWL OF SECTION (UNIT C) NE $\frac{1}{4}$ NW $\frac{1}{4}$		8. FARM OR LEASE NAME GULF FEDERAL	
		9. WELL NO. #3	
		10. FIELD AND POOL, OR WILDCAT Brushy Draw Delaware	
		11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA Sec 13, T26S, R29E	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3008' GL	12. COUNTY OR PARISH Eddy	13. STATE NM

RECEIVED BY
DEC 12 1985
O. C. D.

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) Spud & Set Surface <input 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.)*

11/15/85 - Spud well at 11:00 am w/ cable tool
12/03/85 - Move rotary rig on, drilling to 420' w/ 17-1/2" bit,
Ran 410' of 13-3/8" K-55-54-50# csg, cement w/ 300 sks Class C 2% CC,
circ 65 sks to surface, nipple up BOP and wait on cement 18 hrs.

ACCEPTED FOR RECORD
SurQ
DEC 12 1985
CARISBAD, NEW MEXICO

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

SIGNED <i>J. L. Pilley</i>	TITLE Clerk	DATE 12/09/85
(This space for Federal or State office use)		
APPROVED BY	TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side