

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP
DATE (Show
verse side)

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

5. LEASE DESIGNATION AND SERIAL NO.

LC-061497

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Gulf Federal

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

Brushy Draw-Delaware

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

Sec. 13, T26S, R29E

12. COUNTY OR PARISH

Eddy

13. STATE
N.M.

OIL ☐ GAS ☐ OTHER ☒ Drilling Well

2. NAME OF OPERATOR

Rhymes Drilling Company, Inc.

3. ADDRESS OF OPERATOR

P.O. Box 729, Roswell, New Mexico 88201

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)

See also space 17 below.)
At surface

1650' FNL & 1685' FWL

14. PERMIT NO.

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

3014' GR

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* ☐

REPAIR WELL ☐

CHANGE PLANS ☐

(Other) Surface Casing & Cement ☒

(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.)

3/28/86 Casing point total depth 945'.

Ran 945', 8 5/8", 24.0#, K-55, ST&C casing. Cemented with 600 sx Class 'C', 2% CaCl, 5# salt/sk. Full circulation throughout job. Circulated 16 bbls cement to surface. P.O.B. @ 5:30 A.M. 3/29/86

W.O.C. 13 hours. Pressure tested casing 1000 psi for 30 minutes.

ACCEPTED FOR RECORD

[Signature]

APR 7 1986

CAPISGRAD, NEW MEXICO

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

SIGNED

[Signature]

TITLE

Agent

DATE

4/07/86

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side