Land Office _____

Lease No. __SF-079116_____

Unit _____

Edgar Federal

(SUBMIT IN TRIPLICATE)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

X		
X		

SUNDRY NOTICES AND REPORTS ON WELLS

NOTICE OF INTENTION TO DRILL	____	SUBSEQUENT REPORT OF WATER SHUT-OFF	X
NOTICE OF INTENTION TO CHANGE PLANS	____	SUBSEQUENT REPORT OF SHOOTING OR ACIDIZING	____
NOTICE OF INTENTION TO TEST WATER SHUT-OFF	____	SUBSEQUENT REPORT OF ALTERING CASING	____
NOTICE OF INTENTION TO RE-DRILL OR REPAIR WELL	____	SUBSEQUENT REPORT OF RE-DRILLING OR REPAIR	____
NOTICE OF INTENTION TO SHOOT OR ACIDIZE	____	SUBSEQUENT REPORT OF ABANDONMENT	____
NOTICE OF INTENTION TO PULL OR ALTER CASING	____	SUPPLEMENTARY WELL HISTORY	____
NOTICE OF INTENTION TO ABANDON WELL	____		____

(INDICATE ABOVE BY CHECK MARK NATURE OF REPORT, NOTICE, OR OTHER DATA)

_____ **October 26,** _____ , 1960

Well No. __73_____ is located __990__ ft. from $\{^N_S\}$ line and __1650__ ft. from $\{^E_W\}$ line of sec. __1____

__SE/4 SE/4 Sec. 1__	__27N__	__12W__	__NMPM__
(¼ Sec. and Sec. No.)	(Twp.)	(Range)	(Meridian)

__Undes. (Dakota)__	__San Juan__	__New Mexico__
(Field)	(County or Subdivision)	(State or Territory)

The elevation of the derrick floor above sea level is __6022__ ft. G.L.

DETAILS OF WORK

(State names of and expected depths to objective sands; show sizes, weights, and lengths of proposed casings; indicate mudding jobs, cementing points, and all other important proposed work)

10/16/60 Spudded 6:00 P.M. in 13 5/8" surface hole.

10/17/60 Set 10 3/4" 32.75# Lone Star surface casing at (325) 304 Feet w/250 sx cement 2% HA-5 cement circulated.
WOC 12 hrs., pressured up to test w/750# held for 30 minutes, held O.K.

I understand that this plan of work must receive approval in writing by the Geological Survey before operations may be commenced.

Company ____ __Southwest Production Company__ _____

Address ____ __162 Petroleum Center Bldg.__ ____

_____ __Farmington, New Mexico__ _____

By _____
Original signed by
Carl W. Smith

Title ____ __Production Supt.__ _____