

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 03603-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Hammond

9. WELL NO.

5

10. FIELD AND POOL, OR WILDCAT

Blanco Mesaverde

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

SEC. 35, T27N, R8W

NMPM

12. COUNTY OR PARISH

San Juan

13. STATE

N.M.

1.

OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

Great Lakes Chemical Corporation

3. ADDRESS OF OPERATOR %Minerals Management Inc., Suite 105,
501 Airport Drive, Farmington, New Mexico 87401

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

See also space 17 below.)
At surface

1840' FNL, 1750' FWL, SEC. 35, T27N, R8W

14. PERMIT NO.

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

6110' GR, 6122' KB

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

PULL OR ALTER CASING ☐

FRACTURE TREAT ☐

MULTIPLE COMPLETE ☐

SHOOT OR ACIDIZE ☐

ABANDON* ☐

REPAIR WELL ☐

CHANGE PLANS ☐

(Other) ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

REPAIRING WELL ☐

FRACTURE TREATMENT ☐

ALTERING CASING ☐

SHOOTING OR ACIDIZING ☐

ABANDONMENT* ☐

(Other) Spud & Set Surface Csg. ☒

(NOTE: Report results of multiple completion or 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.)*

11-25-77 Spudded 12 1/4" hole at 3:30 p.m.

Ran 7 jts (233') 8 5/8", 24#, K-55, ST&C casing set at 231' KB.
Cemented with 200 sx Class "B", 2% CaCl. Plug down at 10:30
p.m. Circulated cement.

11-26-77 Tested BOP to 600 lbs., 30 min.--OK.

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

SIGNED

Area Manager

TITLE Minerals Management Inc DATE 11-28-77

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

NOV 29 1977

U.S. GEOLOGICAL SURVEY
FARMINGTON, N.M.