

UNITED 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.
NM-0381550-B

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.)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Federal 24

9. WELL NO.
1

10. FIELD AND POOL, OR WILD CAT
Undes. Pearl Queen

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA
Sec 24, T19S, R34E

12. COUNTY OR PARISH
Lea

13. STATE
N. M.

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
Prudential Minerals Exploration Corp.

3. ADDRESS OF OPERATOR
c/o Oil Reports & Gas Services, Box 763, Hobbs, New Mexico

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface 660' FSL & 660' FWL of Section 24

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3784.4 GR

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)

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.)*

Spudded 12:00 noon 5/11/70. Cemented 8 5/8" 20# J-55 casing at 359 with 250 sacks Class "C" 2% Calcium Chloride. Cement circulated. Plug down 4:30 PM 5/11/70. WOC 18 hours. Tested casing with 600# for 30 minutes, test O.K.

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

SIGNED A. L. Smith

TITLE Agent

DATE 5/22/70

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

FILED FOR RECORD
DATE

MAY 22 1970

*See Instructions on Reverse Side
GEOLOGICAL SURVEY
HOBBS, NEW MEXICO