

MOCC COPY
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN PLICATE*
(Other instructions on reverse side)

Copy to S. 7.

Form approved.
Budget Bureau No. 42-R1424.

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Wildcat		5. LEASE DESIGNATION AND SERIAL NO. NM 27981	
2. NAME OF OPERATOR McElvaney-Kincheloe-Becker ✓		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 859 Petro. Bldg., Roswell, New Mexico 88201 O.C.C.		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 1650' FNL & 330' FWL Twn. 26 S., Rge. 30 E. Eddy Co., New Mexico		8. FARM OR LEASE NAME T. P. Federal	
14. PERMIT NO.		9. WELL NO.	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3165 gl. 3174 kb.		10. FIELD AND POOL, OR WILDCAT Wildcat	
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		11. SEC., T., R., M., OR BLS. AND SURVEY OR AREA 4-26-30	
12. COUNTY OR PARISH Eddy		13. STATE NM	

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) <u>Cement Production Casing</u> <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.)*

3-2-1978 Ran 99 Jts. 23#used 7" casing to 3661' with guide shoe on bottom insert float valve in top of first joint (29.00') off bottom

Cemented with 150 sx Class "C" Cement + 5# salt. Used 500 gallons mud sweep ahead of cement. Plug down at 5:10 PM 3-2-1978

Waiting on Cable Tool rig for completion.

RECEIVED

MAR 6- 1978

U.S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED <u>Galen Kincheloe</u>	TITLE <u>Operator</u>	DATE <u>3-3-1978</u>
(This space for Federal or State office use)		
APPROVED BY <u>[Signature]</u>	TITLE <u>ACTING DISTRICT ENGINEER</u>	DATE <u>MAR 13 1978</u>
CONDITIONS OF APPROVAL, IF ANY:		