

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE  
(Other instructions  
verse side)

Form approved.  
Budget Bureau No. 42-R1424.  
5. LEASE DESIGNATION AND SERIAL NO.

NM-8363

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal 22

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Und Sams Ranch

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

Sec. 22, T14S, R28E

12. COUNTY OR PARISH 13. STATE

Chaves

New Mexico

1. OIL WELL ☐ GAS WELL ☒ OTHER

APR 20 1973

2. NAME OF OPERATOR

Fossil Fuel Incorporated ✓

3. ADDRESS OF OPERATOR

ARTESIA, OFFICE

c/o Oil Reports & Gas Services, Inc., 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

595' FNL & 718' FWL of Section 22

14. PERMIT NO.

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

3586 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.) \*

Re-entered 2/21/73. Cemented 7" 20# J-55 used casing at 245' with 150 sacks Class "H" 2% Calcium Chloride. Cement circulated. Plug down 7:00 PM 2/21/73. WOC 18 hours, pressure tested casing with 500#, test O.K.

Cemented 4 1/2" 11.6# J-55 used casing at 1826 with 200 sacks Class "H" 2% gel, 2% Calcium Chloride. Plug down 10:30 PM 2/25/73. WOC 13 days, pressure test casing with 3000#, test O.K.

Note: Filed for information only.

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

SIGNED

*Donna D. Latta*

TITLE

Agent

DATE

4/19/73

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE