

N. M. O. C. O. COPY
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 8365

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Lynne Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Wildcat

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

Sec. 4, T-14-S, R-29-E

12. COUNTY OR PARISH

Chaves

13. STATE

N.M.

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

RECEIVED

2. NAME OF OPERATOR

Kingery Drilling Co. ✓

SEP 16 1970

3. ADDRESS OF OPERATOR

P. O. Box 1588, Ardmore, Oklahoma

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface

ARTESIA, OFFICE

1980 FNL to 660 FWL

14. PERMIT NO.

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

G.L. 3681

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

X

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.) *

6/10/70

Prep to perforate csg and treat well with 5000# sand.
If dry hole, will plug with 20 sx across perf. Will shoot 5 1/2" at 1,000' and attempt to recover same. Spot 25 sx cement at 5 1/2" stub, 25 sx 350', and 10 sx at surface.

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

SIGNED

TITLE

DATE

(This space for Federal or State office use)

APPROVED BY
COMMISSIONS OF APPROVAL, IF ANY:

TITLE

DATE

APPROVED

H. L. BECKMAN

*See Instructions on Reverse Side