

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPL. TE\*  
(Other instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 4-1184  
**RECEIVED**

C/SF

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 checked="" type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM-44521	
2. NAME OF OPERATOR Clements Energy, Inc. /		6. IF INDIAN, ALLOTTEE OR INDIAN NAME APR 2 1982 O. C. D. ARTESIA, OFFICE	
3. ADDRESS OF OPERATOR P O Box 7924, Midland, Texas 79703		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' FSL and 2210' FWL of Section 24		8. FARM OR LEASE NAME FEDERAL 24 COM	
14. PERMIT NO. 30-005-61411		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3500.3		10. FIELD AND POOL, OR WILDCAT Wildcat (Morrow)	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 24, T 13S, R 26E	
		12. COUNTY OR PARISH Chaves	
		13. STATE New Mexico	

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) Csg test & cmt job	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <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.) \*

3-12-82 Spud 4:30PM, 3-11-82.

3-13-82 TD250'; 17 1/2" hole, ran 7 jts 13 3/8" csg, 54.5#, set @ 250'; cmt w/350 sx Class "C", 2% CC, cmt circ to surface, PD 6:30AM, 3-12-82, WOC 18 hrs.

3-16-82 TD1350'; 12 1/4" hole @ 1350'; ran 33 jts 8 5/8" 24# csg; set @ 1350'; cmt w/500 sx HLC, 5# Gil, 1/4# flocele, 2% CC; followed by 200 sx Class "C", 2% CC, circ 73 sx; press tested to 3000 psi; PD @ 10:45PM, 3-15-82, WOC 18 hrs.

**RECEIVED**  
MAR 19 1982

OIL & GAS  
U.S. GEOLOGICAL SURVEY  
ROSWELL, NEW MEXICO

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

SIGNED Tommy Zachry  
(This space for Federal or State office use)

TITLE Engineer

DATE 3-17-82

APPROVED BY U.S. GEOLOGICAL SURVEY  
CONDITIONS OF APPROVAL, IF ANY:  
ROSWELL, NEW MEXICO

TITLE DATE

\*See Instructions on Reverse Side