

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

NM OIL & GAS COMMISSION Form approved.  
SUBMITTED IN THE BUDGET Bureau No. 42-R1424  
(Other instructions on re-verse)  
Artesia, NM 88210

457

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	<b>RECEIVED BY</b>  <b>AUG 15 1985</b>  <b>O. C. D.</b>  <b>ARTESIA, OFFICE</b>
2. NAME OF OPERATOR Transwestern Gas Supply Company ✓	
3. ADDRESS OF OPERATOR P. O. BOX 2521, Houston, Texas 77252	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 990' N 1788' W Sec. 28-6S-22E	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4289' GL

5. LEASE DESIGNATION AND SERIAL NO. NM 36195	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME Remmele Federal	
9. WELL NO. 1	
10. FIELD AND POOL, OR WILDCAT Undesignated Abo	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 28-6S-22E	
12. COUNTY OR PARISH Chaves	13. STATE N.M.

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)	<input type="checkbox"/>		<input type="checkbox"/>

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 checked="" type="checkbox"/>
(Other) Spud & casing	<input type="checkbox"/>		<input checked="" 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.)\*

7/8/82 Spud @ 3:30 P.M.. Set 60' of 20" casing & cemented to surface.

7/9/82 Ran 31 jts 24#, K-55, ST&C 8 5/8" casing to 1291'. Set with 725 sx 50-50 Poz Class "C" plus 2% calcium chloride, tailed in with 150 sx Class "C" plus 2% calcium chloride. Filled annulus with 10 100 sx spots of "C" plus 4% CaCl2.

7/13/82 Logs indicated no zones of interest. Set plug #1 35 sx Class "C" 14.8#/gal to 2705-2605'. Plug #2 35 sx Class "C" 14.8#/gal 1341-1241'. Plug #3 10 sx 7/14/82 Class "C" 14.8#/gal 30-0'.

**RECEIVED**  
OCT 1 1982

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

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

SIGNED R. Glenewinkel TITLE Production Engineer Asst. DATE 9/27/82

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

**APPROVED**  
PER DAVE CHESTER  
**AUG 14 1985**  
BUREAU OF LAND MANAGEMENT  
ROSWELL RESOURCE AREA

