

UNITED STATES DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

Budget Bureau No. 42-R1424

5. LEASE DESIGNATION AND SERIAL NO.

NM 35478 *File*

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Ralph Federal

9. WELL NO.

10. FIELD AND POOL, OR WILDCAT

Wildcat

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

Sec. 23, T-6-S, R-10-E

12. COUNTY OR PARISH

Lincoln

13. STATE

NM

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

RALPH NIX

3. ADDRESS OF OPERATOR

P.O. Box 617, Artesia, New Mexico, 88210

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

At surface

330' FNL 330' FWL of Sec. 23, T-6-S, R-10-E

14. PERMIT NO.

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

5443' GL

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) Casing & cement

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.)\*

/20 Set 50 SX plug of class C cement from 2360 to 2468  
Ran 1784' of 4 1/2", 10 1/2# casing  
Cemented with 100 SX of 50/50 pozmix with 3#  
of KCL, 2% CACL. Estimated cement tops 1375'.

RECEIVED

OCT 8 1980

O. C. D.  
ARTESIA, OFFICE

RECEIVED  
OCT 1 1980  
U.S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO

ACCEPTED FOR RECORD

OCT 2 1980

U.S. GEOLOGICAL SURVEY  
ROSWELL, NEW MEXICO

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

SIGNED

TITLE Operations Manager

DATE 9-30-80

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side