

(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLI
(Other instructions on
reverse side)

Form approved
Budget Bureau No. 42-R1424.

6. LEASE DESIGNATION AND SERIAL NO.

LC060581

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

J.T. Caudle

9. WELL NO.

5

10. FIELD AND POOL, OR WILDCAT

Bagley Siluro Devonian

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

Sec. 3, Twp. 12-S
Rge. 30-E

12. COUNTY OR PARISH

Lea

13. STATE

New Mexico

1. OIL ☒ WELL GAS ☐ WELL OTHER ☐

2. NAME OF OPERATOR

Arreda Hess Corporation

3. ADDRESS OF OPERATOR

100 South Main, Lovington, New Mexico

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

Unit Letter "A", 660' Ft. From the North Line and 660' Ft.
From the East Line, Section 3, Township 12-S, Range 33-E

14. PERMIT NO.

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

4252' D.F.

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.)*

J.T. Caudle #5 - Cut 5-1/2" Csg. - 3769' and spotted 35 sack plug 3670' to 3550'.
Cut 7-5/8" Csg. - 344' and spotted 70 sack plug 374' to 265'. Spotted 20 sack plug
0' to 24' and installed Dry Hole Marker and cleaned location.
(Hole was loaded with 10.2# Mud.

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

SIGNED

TITLE Area Mgr.

DATE 3-19-73

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side