| DEPARTMENT OF THE INTERIOR | (Other instructions on re- | Budget Bureau No. 42-R1424. |
|---|---|--|
| GI OGICAL SURVEY | verse side) | 5. LEASE DESIGNATION AND SERIAL NO. |
| SUNDRY NOTICES AND REPORTS ON | WELLC | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |
| (Do not use this form for proposals to drill or to deepen or plug back use "APPLICATION FOR PERMIT—" for such proposals | to a different reservoir. | |
| 1. July 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | als.) | 7. UNIT AGREEMENT NAME |
| OIL GAS WELL OTHER 2. NAME OF OPERATOR | | . OHI ROLLEMENT NAME |
| T ^ / | | 8. FARM OR LEASE NAME |
| 3. ADDRESS OF OPERATOR | | 1 N SALL FEDERALLON |
| BOX 1031 MIDLAND, TEXAS 7979 | 01 | |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State See also space 17 below.) At surface | requirements. | 10. FIELD AND POOL, OR WILDCAT |
| | · · | VADA - BOUGH C |
| 110000000000000000000000000000000000000 | | SURVEY OF AREA |
| 660 FSL & 660 FWL UNIT M SEC 12 TO S | S. R34E NMPM | 12-95-34E |
| 4226 DF | R, etc.) | 12. COUNTY OR PARISH 13. STATE |
| | | LEA NM |
| 16. Check Appropriate Box To Indicate Nature NOTICE OF INTENTION TO: | e of Notice, Report, or O | ther Data |
| | | NT REPORT OF: |
| FRACTURE TREAT PULL OR ALTER CASING MULTIPLE COMPLETE | WATER SHUT-OFF FRACTURE TREATMENT | REPAIRING WELL |
| SHOOT OR ACIDIZE ABANDON* | SHOOTING OR ACIDIZING | ALTERING CASING ABANDONMENT* |
| REPAIR WELL CHANGE PLANS (Other) | (Other) 8 5/8 (A5/) | |
| 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clouder state all and | Completion of Recomple | f multiple completion on Well tion Report and Log form.) |
| proposed work. If well is directionally drilled, give subsurface locations a nent to this work.) * | ns, and give pertinent dates, indicated and true vertical | ncluding estimated date of starting any depths for all markers and zones perti- |
| · | | |
| | | |
| 5-9-68 DELLING 11" HOLE | | |
| 5-10-68 RAN 126 JTS 8 5/8" 32" | J-55 CASING | SET AT 4040'. |
| | | |
| CEMENTED WITH 525 SX INCOR C | lass C 50.50 | POZMIX-4% GEL |
| | | |
| Forman wood 150 sv Class A | | 15/0' |
| FOLLOWED WITH 150 SX Class A | | |
| FOLLOWED WITH 150 SX Class A WOC 24HRS - TESTED CASING to 10 | | |
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| WOC 24HRS - TESTED CASING to 10 | | |
| WOC 24 HRS - TESTED CASING TO 10 | 00# for 30 MIN | Control of the first of the country of the first of the first of the first of the country of the first of the country of the first of t |
| WOC 24 HRS - TESTED CASING TO 10 | | |
| WOC 24 HRS - TESTED CASING TO 10 | 00# for 30 MIN | Consequent of the course of th |
| WOC 24 HRS - TESTED CASING TO 10 18. I hereby certify that the foregoing is true and correct SIGNED WORLD KAUSSEN TITLE SR. F. (This space for Federal or State office use) APPROVED BY | 200. Clerk | Heud One with the profession of the second o |
| 8. I hereby certify that the foregoing is true and correct SIGNED CONCLETE. CAUSED TITLE SR. F. (This space for Federal or State office use) | 00# for 30 MIN | Heud One with the profession of the second o |
| 8. I hereby certify that the foregoing is true and correct SIGNED CONNECT. (Autosch TITLE SR. F. (This space for Federal or State office use) APPROVED BY | 200. Clerk | HELD OR CONTROL OF THE STATE OF |

J L GORDON ACTING DISTRICT ENGINEER