

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions
verse side)Form Approved
Budget Bureau No. 42-R1424.

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM 2961	
2. NAME OF OPERATOR ELK OIL CO.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR Box 310, ROSWELL, NEW MEXICO 88201		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 660/N 1750/W SECTION 23, T9S, R36E		8. FARM OR LEASE NAME MARY ANN FEDERAL	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4037 GL		10. FIELD AND POOL, OR WILDCAT CROSSROADS PENN	
		11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA 23-9-36	
		12. COUNTY OR PARISH LEA	
		13. STATE NEW MEX.	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) CASING TEST AND CEMENT JOB <input checked="" 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.)*

SPOUDED 17 1/2 HOLE 7:30 A.M. 11-4-68. ON 11-4-68 RUN 10 JTS 13 3/8 48 LBS. H-40 TO 360 FEET. CEMENTED WITH 365 SX INCORE 2% CALCIUM CHLORIDE. CEMENT CIRCULATED. PLUG DOWN 2:40 P.M. 11-4-68. AFTER WOC 18 HRS., TESTED WITH 800 PSI FOR 30 MINUTES. TEST OK.

ON 11-9-68, LANDED 117 JTS 9 5/8 32.3 LBS. AND 36 LBS. H-40 AND J-55 AT 4180. CEMENT WITH 250 SX INCORE 4% GEL PLUS 100 SX INCORE WITH 10 LBS. SALT PER SX. PLUG DOWN 10:00 P.M. 11-9-68. AFTER 18 HRS. WOC, TEST WITH 1500 PSI FOR 30 MINUTES. TEST OK.

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

SIGNED

K. D. MCPETERS

TITLE AGENT

DATE 11-11-68

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

DATE

NOV 14 1968

*See Instructions on Reverse Side

J L GORDON
ACTING DISTRICT ENGINEER