

UNIT STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on
reverse 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"/>		7. UNIT AGREEMENT NAME Com. Agr. SW-639	
2. NAME OF OPERATOR R. L. Burns Corp.		8. FARM OR LEASE NAME Vada Pruitt	
3. ADDRESS OF OPERATOR Oil Reports & Gas Services, Inc., Box 763, Hobbs, New Mexico		9. WELL NO. 1	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FSL & 1980' FWL of Section 1		10. FIELD AND POOL, OR WILDCAT Vada Penn	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 1 T9S R34E	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4231 GR		12. COUNTY OR PARISH Lee	13. STATE NM

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"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input checked="" 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 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.)*

Spudded 9:30 AM 7/28/72. Cemented 12 3/4" 34# Grade B casing at 412 with 400 sacks class "H" 2% calcium chloride. Plug down 6:00 PM 7/28/72. Cement circulated 30 sacks. WOC 18 hours. Tested casing with 1000# for 30 minutes, test O.K.

Cemented 8 5/8" 24#, 28# & 32# J-55 casing at 3994 with 375 sacks class "C" 2% calcium chloride. Plug down 3:30 PM 8/1/72. WOC 24 hours. Tested casing with 1000# for 30 minutes, test O.K.

2353.04'	24#
1005.47'	28#
635.49'	32#

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

SIGNED Donna Halls

TITLE Agent

DATE 8/18/72

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

ACCEPTED FOR RECORD

AUG 21 1972

*See Instructions on Reverse Side
U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO