UNITED STATES SUBMIT OF THE INTERIOR VETSE BIO

SUBMIT IN TRIPLICATES
(Other instructions e-

Form approved.
Budget Bureau No. 42-R1424.

| DEPARTMEN F THE INTE | RIOR verse side) | 5. LEASE DESIGNATION AND SERIAL | NO. |
|---|---|--|-----------------|
| GEOLOGICAL SURVEY | | LC - 067775 | - |
| SUNDRY NOTICES AND REPORTS (Do not use this form for proposals to drill or to deepen or plu Use "APPLICATION FOR PERMIT—" for suc | | 6. IF INDIAN, ALLOTTEE OR TRIBE N | AME |
| OIL CT GAS | *** | 7. UNIT AGREEMENT NAME | |
| ZELL X WELL OTHER | | 8. FARM OR LEASE NAME | <u> </u> |
| nn L. Cox | | U. S. M. | |
| ADDRESS OF OPERATOR | · · · · · · · · · · · · · · · · · · · | 9. WELL NO. | |
| B West Wall, Midland, Texas 79701 LOCATION OF WELL (Report location clearly and in accordance with a | one Slade manifestation | 2 | - |
| See also space 17 below.) At surface | any State requirements. | West Sawyer (San | Δn |
| 1980' FNL, 810' FEL | | 11. SEC., T., B., M., OR BLK. AND | , A11. |
| | | SURVEY OR AREA | <u> </u> |
| Dunitor No. | | 27,9S,37E | |
| PERMIT NO. 15. ELEVATIONS (Show whether | | 12. COUNTY OR FARISH 13. STATE Lea New Mo | ozi |
| 3962.4 GR | | | ev T |
| Check Appropriate Box To Indicate | e Nature of Notice, Report, or | Other Data | |
| NOTICE OF INTENTION TO: | SUBS | EQUENT REPORT OF: | |
| TEST WATER SHUT-OFF PULL OR ALTER CASING | WATER SHUT-OFF | REPAIRING WELL | |
| FRACTURE TREAT MULTIPLE COMPLETE | FRACTURE TREATMENT | ALTERING CASING | |
| SHOOT OR ACIDIZ | SHOOTING OR ACIDIZING (Other) Running | 8 5/8" CSQ. X | |
| REPAIR WELL CHANGE PLANS | (Norm: Report resu | its of multiple completion on Well | 1 |
| proposed work if well is directionally drilled, give subsurface in nent to this work.)* added 12½" holes on 3-9-73. Drill | ineut details, and give pertinent dat locations and measured and true version to 428. | npiction Report and Log form.) es, including estimated date of starting tical depths for all markers and zomes | g any perti- |
| pescribe proposed or completed operations (Clearly state all pertipoposed work. If well is directionally drilled, give subsurface in nent to this work.)* udded 12½" holes on 3-9-73. Dril: 5/8" 20# casing set @ 428' with 3: calcium chloride. Circulated 50 | led to 428. 25 sx. Class H ce | npletion Report and Log form.) es, including estimated date of starting tical depths for all markers and zones ment with | g any perti- |
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| DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertiproposed work. If well is directionally drilled, give subsurface lands and to this work.)* udded 12½ holes on 3-9-73. Dril: 5/8" 20# casing set @ 428' with 33 calcium chloride. Circulated 50 10-73. C 24 hrs. essure tested casing to 1000# for | led to 428. 25 sx. Class H ce sacks. Plug down | ment with 11:30 a.m. | g any perti- |
| DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertiproposed work. If well is directionally drilled, give subsurface l | led to 428. 25 sx. Class H ce sacks. Plug down | ment with 11:30 a.m. | g any perti- |
| percenter proposed or COMPLETED OPERATIONS (Clearly state all pertiproposed work. If well is directionally drilled, give subsurface in added 12½" holes on 3-9-73. Dril 5/8" 20# casing set @ 428' with 32 calcium chloride. Circulated 50 10-73. C 24 hrs. essure tested casing to 1000# for | led to 428. 25 sx. Class H ce sacks. Plug down | ment with 11:30 a.m. | g any perti- |
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*See Instructions on Reverse Side