

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC - 067775

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

U. S. M.

9. WELL NO.

3

10. FIELD AND POOL, OR WILDCAT

W. Sawyer (San Andres)

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

27, 9S, 37E

12. COUNTY OR PARISH 13. STATE

Lea

New Mex.

1.

OIL WELL ☒ GAS WELL ☐ OTHER

2. NAME OF OPERATOR

John L. Cox

3. ADDRESS OF OPERATOR

408 West Wall, Midland, Texas 79701

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

519' FNL, 801' FEL

14. PERMIT NO.

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

3963.4 GR

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

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☐
☐
☐

PULL OR ALTER CASING

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☐
☐
☐

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐
☐
☐
☐

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Setting 4 1/2" casing

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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(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.)*

Drilled 7 7/8" hole to 5097 TD. Ran 4 1/2" OD, 11.6#, J-55 Casing to 5097'. Cemented with 250 sx. Class "C" cement, 2% gel. Plug down @ 5:30 p.m. 1-19-74. Good circulation throughout job.

Tested casing to 4,000# for 30 min. Test O. K.

Waiting on completion.

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

SIGNED Martha Wittenbach TITLE Production Clerk

DATE 1-21-74

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

