

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

5. LEASE DESIGNATION AND SERIAL NO.

NM-0103893

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Allied "93"

9. WELL NO.

3

10. FIELD AND POOL, OR WILDCAT

Sawyer

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

Sec. 24, T-9-S, R-37-E

12. COUNTY OR PARISH 13. STATE

Lea

New Mexico

1.

OIL WELL ☒ GAS WELL ☐ OTHER

2. NAME OF OPERATOR

Flag-Redfern Oil Company

3. ADDRESS OF OPERATOR

P. O. Box 23, Midland, Texas 79701

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

1980' FWL & 2080' FSL, Sec. 24, T-9-S, R-37-E

14. PERMIT NO.

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

3980' D.F.

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐

(Other)

PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON* ☐CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐

(Other)

Setting surface casing

REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT* ☐☒(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 12½" hole to 416'. Set 8-5/8", 24 lb/ft, H-40 casing at 416'. Cemented with 250 sx Class "C", 2% CaCl₂. Cement circulated. Cement job complete at 11:15 P.M., 3-7-74.

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

SIGNED

Bryan H. Dean

TITLE

Production Manager

DATE

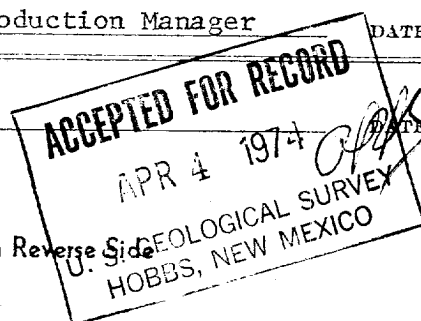
April 3, 1974

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE



*See Instructions on Reverse Side