

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPL  
(Other instruction:  
verse side)

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-065151

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Bilbrey "23"

9. WELL NO.

3

10. FIELD AND POOL, OR WILDCAT

West Sawyer San Andres

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

Sec. 23, T-9-S, R-37-E

12. COUNTY OR PARISH 13. STATE

Lea

New Mexico

1. OIL ☒ GAS ☐  
WELL 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

660' FWL & 660' FSL, Sec. 23, T-9-S, R-37-E

14. PERMIT NO.

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

3977' 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)

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT\* ☐

Set surface casing

X

(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 12 1/4" hole to 414'. Set 8-5/8", 18 lb/ft, H-40 casing at 414'. Cemented with 250 sx Class "C", 2% CaCl<sub>2</sub>. Cement circulated. Cement job complete at 11:00 P.M., 3-17-74.

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

SIGNED Ryan H. D. Green

TITLE Production Manager

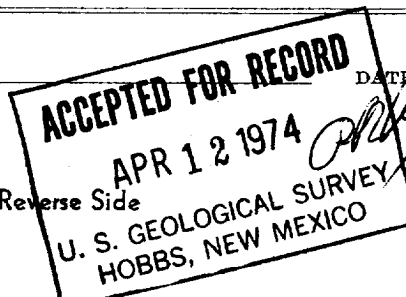
DATE April 11, 1974

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE \_\_\_\_\_



\*See Instructions on Reverse Side