

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

COPY TO C. G. G.

SUBMIT IN TRIPPLICATE  
(Other instructions  
reverse side)

Form approved.  
Budget Bureau No. 42-B1424

5. LEASE DESIGNATION AND SERIAL NO.

NM-058677

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Bate Federal

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

Prairie Cisco, South

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

Sec. 22, T-8S, R-36E

12. COUNTY OR PARISH

Roosevelt

13. STATE

New Mexico

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 ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Petroleum Corporation of Texas

3. ADDRESS OF OPERATOR

P. O. Box 911 Breckenridge, TX 76024

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

Unit Letter F, 1980' FNL & 1980' FWL of Section 22,  
Township 8-S, Range 36-E

14. PERMIT NO.

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

4090' GL

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) Return shut-in well to production

(NOTE: Report results of multiple completion on Well  
Completion or Recompletion Report and Log form.)

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT\* ☐

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.)\*

Gentlemen:

We plan to return the above well to production. Production test will follow shortly.

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

SIGNED

Arthur H. Boice

TITLE Division Superintendent

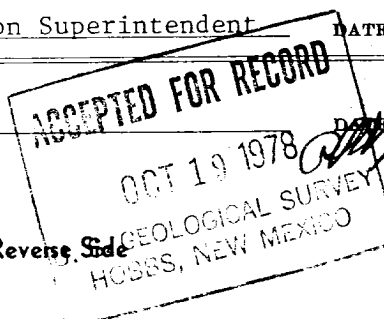
DATE October 12, 1978

(This space for Federal or State official use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE



\*See Instructions on Reverse Side