

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.
NM 0145685

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

USA RUSSELLE HORTON

9. WELL NO.

28

10. FIELD AND POOL, OR WILDCAT

MILNESAND SAN ANDRES

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

29-8-35 NMPM

12. COUNTY OR PARISH 13. STATE

ROOSEVELT N.M.

1. OIL WELL ☐ GAS WELL ☐ OTHER ☒ **Drilling**

2. NAME OF OPERATOR

Pen American Petroleum Corp.

3. ADDRESS OF OPERATOR

Box 68, Hobbs, N.M. 88240

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

330' FNL X 990' FEL, SEC. 29 (UNIT A, NE 1/4 NE 1/4)

14. PERMIT NO.

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

NYA

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* ☐

(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.)

Cactus Drilling Co. spudded 12 1/4" hole at 12:15 PM on 1-13-65. At 6:00 PM, 8 5/8" OD 24" J-55 Casing was set at 423' and cemented with 225 S4. Cement circulated. After W.O.C. 18 hours, tested casing with 1500 psi for 30 minutes. Test O.K.

Reduced hole to 7 7/8" at 423' and resumed drilling operations.

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

SIGNED

TITLE

DATE

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

DIST. (0+7)

0+4 USGS Hobbs

1- JWB

1- GUSP

1- FWS

*See Instructions on Reverse Side

J. L. GORDON

ACTING DISTRICT ENGINEER