

HOBB'S OFFICE O. C. C.
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 0108997(A)

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR <i>Ran American Petroleum Corp.</i>	8. FARM OR LEASE NAME <i>J.F. FARRELL-USA</i>
3. ADDRESS OF OPERATOR <i>Box 68, Hobbs, New Mexico</i>	9. WELL NO. <i>16</i>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <i>660' FNL x 660' FEL, Sec. 28 (Unit A, NE 1/4 NE 1/4)</i>	10. FIELD AND POOL, OR WILDCAT <i>CHAUVEROO SAN ANDRES</i>
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <i>28-7-33 N M PM</i>
15. ELEVATIONS (Show whether DF, RT, OR, etc.)	12. COUNTY OR PARISH <i>ROOSEVELT</i>
	13. STATE <i>N.M.</i>

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input checked="" type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <i>Squadding</i> <input checked="" type="checkbox"/>	

(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. squadded 11" hole at 2: PM on 2-17-66. At 6:30 PM, 8 5/8" OD 2.4# J-55 casing was set at 420' w/ 250 Sx. Incor. Cement circulated. After M.O.C 18 hours, tested casing w/ 1500 psi for 30 minutes. Test O.K.

Reduced hole to 7 7/8" at 420' and resumed drilling operations

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

SIGNED

TITLE

DATE

Area Engr

2-21-66

(This space for Federal or State office use)

TITLE

DATE

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

APPROVED

FEB 28 1966

J. L. GORDON
ACTING DISTRICT ENGINEER

OUT- USGS-N
1-3035
1-3035
1-22y
2-Champlin
1-Warren Amer
1-Kern Co Land
3-Tom Brown Dreg