Form 9-331
(May 1963)

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 011752

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

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

7. UNIT AGREEMENT NAME:

2. NAME OF OPERATOR: Lea County Land Co.

8. FARM OR LEASE NAME: Federal 21

3. ADDRESS OF OPERATOR: 910 First State Bank Bldg Midland, Texas

9. WELL NO.: 2

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

10. FIELD AND POOL, OR WILDCAT: Chaveroo-San Andres

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: 21-7S-33E-NMPM

660' FSL & 1980' FWL Sec. 21 Unit N SE/4 SW/4

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.): To be furnished later

12. COUNTY OR PARISH: Roosevelt

13. STATE: N.M.

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	☐	PULL OR ALTER CASING	☐	WATER SHUT-OFF	☒	REPAIRING WELL	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐	FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐	SHOOTING OR ACIDIZING	☐	ABANDONMENT*	☐
REPAIR WELL	☐	CHANGE PLANS	☐	(Other)			☐
(Other)	☐			(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.)*

SPUD - 5:00 PM, 8-27-66

Cemented 7" 20# casing at 1816' with 375 sx Incor. Plug down 9:30 PM, 8-28-66. Cement circulated. WOC 18 hrs. Tested casing to 1000 psi for 30 minutes - Held OKAY.

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

SIGNED Ray L. Massey TITLE Prod Secretary DATE 9-31-66

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

APPROVED
SEP 9 1966
J. L. GORDON
ACTING DISTRICT ENGINEER