Form 9-331
(May 1963)

DEPARTMENT OF THE INTERIOR (Other instructions on reverse side)
GEOLOGICAL SURVEY

Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.: NM 017952

6. IF INDIAN, ALLOTTEE OR TRIBE NAME: -

SUNDRY NOTICES AND REPORTS ON WELLS

AUG 17 11 AM '66

(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.)

7. UNIT AGREEMENT NAME: -

1. OIL WELL ☐ GAS WELL ☐ OTHER

8. FARM OR LEASE NAME: Federal "A"

2. NAME OF OPERATOR: Lea County Land Co.

9. WELL NO.: 7

3. ADDRESS OF OPERATOR: 411 First State Bank Midland, Texas

10. FIELD AND POOL, OR WILDCAT: Undesignated Yates

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: 1980' FSL & 660' FEL Sec. 24 Unit I New Se/4

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: 24-T25S-R31E

12. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 4335.6 GL

13. COUNTY OR PARISH: Eddy

14. 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.) *

Reached T.D. 4400' on 8-13-66. Ran 4½" 9.5# J-55 casing & cemented at 4400' with 250 sx Incor Salt Saturated cement +3% Gel and 100 sx Incor Neat Salt Saturated Cement. Plug Down 1:00 P.M. 8-14-66. Tested casing to 2000 PSI for 30 minutes on 8-14-66. Held Okay.

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

SIGNED Mary E. Warren TITLE Prod Secretary DATE 8-17-66

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

APPROVED
AUG 22 1966
J. L. GONDON
ACTING DISTRICT ENGINEER