

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR SOUTHWESTERN NATURAL GAS, INC.		8. FARM OR LEASE NAME Shell Federal 35	
3. ADDRESS OF OPERATOR 900 Bank of the Southwest, Midland, Texas		9. WELL NO. 1	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FNL & 660' FWL		10. FIELD AND POOL, OR WILDCAT Wildcat	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4483 GR	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 35, T-7-S R-32-E	
		12. COUNTY OR PARISH Roosevelt	13. STATE New Mex.

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) Casing Test and Cement job

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.)*

Spudded 4-12-68 at 5:00 p.m.

Ran 11 jts of 13-3/8", 48# casing set @ 420' and cemented w/330 sks regular, 2% CC. PD 2:15 this a.m. 4-15-68

Tested casing w/1000 psi for 30 min. Held o.k.

APPROVED

APR 25 1968

J L GORDON
ACTING DISTRICT ENGINEER

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

SIGNED

(This space for Federal or State office use)

TITLE

Office Manager

DATE April 22, 1968

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE