

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPE  
(Other instructions  
reverse side)DE-  
re-Form approved.  
Budget Bureau No. 42-R1424.  
5. LEASE DESIGNATION AND SERIAL NO.

NM 0509201

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>   |  | 7. UNIT AGREEMENT NAME   |                         |
| 2. NAME OF OPERATOR<br>FRANKLIN, ASTON & FAIR, INC.  |  | 8. FARM OR LEASE NAME<br>Shaw Federal                              |                         |
| 3. ADDRESS OF OPERATOR<br>P. O. Box 1090, Roswell, New Mexico  |  | 9. WELL NO.<br>1   |                         |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface<br>1980' FSL & 660' FWL Sec. 18-8S-38E |  | 10. FIELD AND POOL, OR WILDCAT<br>East Bluitt-San Andres           |                         |
| 14. PERMIT NO.   |  | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>Sec. 18-8S-38E |                         |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br>3984.7' GL, 3996.7' KB   |  | 12. COUNTY OR PARISH<br>Roosevelt                                  | 13. STATE<br>New Mexico |

16.

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

## NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

☐  
☐  
☐  
☐

PULL OR ALTER CASING

☐  
☐  
☐  
☐

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON\*

REPAIR WELL

CHANGE PLANS

(Other)

## SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐  
☐  
☐  
☐

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT\*

(Other)

Setting Casing

(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.)\*

On December 8, 1968 set 5 1/2" J-55 14# casing to 4740' T.D. using 275 sacks Incor Poz cement, 2% gel, 8# salt per sack. On December 11 pressured up on casing to 800 psi and held for 30 minutes. Cement job okay. Cementing work was done by Halliburton.

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

SIGNED

*Grant M. Smith*

TITLE Geologist

DATE 1-7-69

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

DATE

JAN 10 1969

\*See Instructions on Reverse Side J. L. GORDON  
ACTING DISTRICT ENGINEER