

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE\*  
(Other instructions on re-  
verse side)Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM-0556301

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal "C"

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

West Allison (Undesig.)

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

30-8S-36E

14. PERMIT NO.

-

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

4129.5' GL

12. COUNTY OR PARISH

Roosevelt

13. STATE

NM

18.

## 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)

5 1/2" CSG

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.)\*

9-25-69: Ran 308 jts, 9848.02' of 5 1/2", 15 1/2" # & 17#, J-55 & N-80 csg, set @ 9840' RKB. Cmt w/150 sx 50/50 Incor Poz, 2% Gel, 8# salt per sx, followed by 150 sx 50/50 Incor Poz, 2% Gel, 8# salt, 3/4 of 1% CFR-2 per sx. Plug down @ 10:45 P.M. Press test to 1500 PSI for 30 min. Test OK. WOC for 18 hrs.

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

SIGNED

TITLE Agent

DATE 9-30-69

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

\*See Instructions on Reverse Side

OCT 6 1969

J. L. GORDON  
ACTING DISTRICT ENGINEER