

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

NM 21513

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR H. L. BROWN, JR.		8. FARM OR LEASE NAME Federal "C"
3. ADDRESS OF OPERATOR P.O. Box 2237, Midland, Texas 79701		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: 1650' FWL & 990' FNL		10. FIELD AND POOL, OR WILDCAT Bluitt(Wolfcamp)Gas
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 4, T-8S, R-37E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4064.7 GL		12. COUNTY OR PARISH Roosevelt
		13. STATE New Mexico

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

## NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

## SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>	Run & set 5-1/2" casing	<input type="checkbox"/>

(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.)\*

7-16: Drilling at 8095' in Lime and Shale.

7-17: Circulated to lay down drill pipe at 8149' total depth in Lime and Dolomite.  
Deviation 1/2 degree at 8140'. Running logs.

7-18: Ran the following 5-1/2' casing;

32 jts. 17# LTC 5-1/2"

151 jts. 15.5# LTC 5-1/2"

33 jts. 15.5# STC 5-1/2"

1253.60'

5700.43'

1212.05'

8166.08'

.80'

2.00'

8168.88'

Baker Shoe

Baker float collar

TOTAL

Set at 8149'.

Cemented with 400 sks 50/50 poz, Class C, diamix F, 2% gel, 3/4 of 1% D-31 + 6# salt per sack. Pump plug down 9:05 PM. Released rig at 3 AM. Well shut in waiting on completion unit.

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

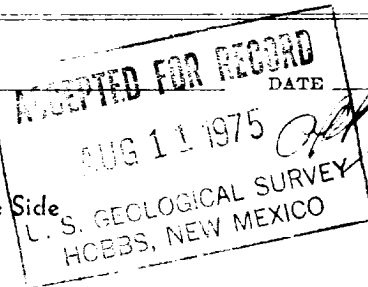
SIGNED Jack R. McGraw

TITLE Drilling &amp; Production Manager DATE July 21, 1975

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE



\*See Instructions on Reverse Side