

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPlicate
(Other instructions on
reverse side)Form approved.
Budget Bureau No. 42-R-424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 065510

6. IF INDIAN, ALI OTTEL 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 checked="" type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Ralph Nix		8. FARM OR LEASE NAME FRANK
3. ADDRESS OF OPERATOR P.O. Box 617, Artesia, New Mexico 88210		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 2310' FSL & 1980' FWL, Sec. 22, T-7-S, R-35-E		10. FIELD AND POOL, OR WILDCAT Todd
14. PERMIT NO.		11. SEC., T., R., M. OR BLK. AND SURVEY OR AREA Sec. 22: T-7-S, R-35-E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4205 GR		12. COUNTY OR PARISH Roosevelt
		13. STATE NM

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) Casing & Cement

(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.)*

11/11/79 Ran 3715' of 8 5/8" casing-76 joints. 24# stc, 32 joints. 32# stc, Cemented with 1500 sacks of Halliburton light; 200 sacks of Class C with 2% CaCl. Circulated with 100 sacks. Plugged down at 2:00 a.m. Set slips, cut off & nipple up. WOC 18 hrs. Pressure tested at 1500#, Tested OK.

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

SIGNED

TITLE

Operations Manager

DATE

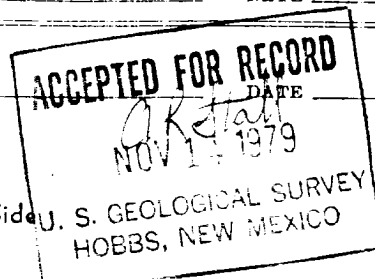
11/13/79

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:



*See Instructions on Reverse Side