

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE

(See other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R355.5.

## WELL COMPLETION OR RECOMPLETION REPORT AND LOG \*

1a. TYPE OF WELL: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input checked="" type="checkbox"/> Other _____		5. LEASE DESIGNATION AND SERIAL NO. LC 064355-E ✓	
b. TYPE OF COMPLETION: NEW WELL <input type="checkbox"/> WORK OVER <input type="checkbox"/> DEEP-EN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. RESVR. <input type="checkbox"/> Other _____		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR Dean H. Stoltz		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR P. O. Box 1714, Midland, Texas		8. FARM OR LEASE NAME Independence	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 660 feet FNL and 660 feet FEL, Sec. 12, T 10S, R 30E, Chaves County, New Mexico. At top prod. interval reported below  At total depth		9. WELL NO. 1 - X ✓	
14. PERMIT NO.		DATE ISSUED Dec. 30, 1964	
15. DATE SPUNDED Dec. 31, 1964		16. DATE T.D. REACHED Jan. 7, 1965	
17. DATE COMPL. (Ready to prod.)		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 4171' GL 4185' DF	
19. ELEV. CASINGHEAD		20. TOTAL DEPTH, MD & TVD 3600'	
21. PLUG, BACK T.D., MD & TVD		22. IF MULTIPLE COMPL., HOW MANY*	
23. INTERVALS DRILLED BY		ROTARY TOOLS 0 - 3600	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* None		25. WAS DIRECTIONAL SURVEY MADE No	
26. TYPE ELECTRIC AND OTHER LOGS RUN Gamma Ray - Nuetron		27. WAS WELL CORED No	
28. CASING RECORD (Report all strings set in well)			
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE
8 5/8"	24	200'	10"
CEMENTING RECORD		AMOUNT PULLED	
125 sks. & 160 sks.		None	
29. LINER RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*
30. TUBING RECORD			
SIZE	DEPTH SET (MD)	PACKER SET (MD)	
31. PERFORATION RECORD (Interval, size and number)			
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED	
33. PRODUCTION			
DATE FIRST PRODUCTION None		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) ROCKET	
DATE OF TEST		WELL STATUS (Producing or shut-in)	
HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.
GAS—MCF.	WATER—BBL.	GAS-OIL RATIO	
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.
GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)			
TEST WITNESSED BY			
35. LIST OF ATTACHMENTS			
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records			
SIGNED [Signature]		TITLE Agent	
DATE January 12, 1965		DATE January 12, 1965	

NMOCC - ARTESIA  
NMOCC - HOEBS  
BLM - SANTA FE

(See instructions and Spaces for Additional Data on Reverse Side)

JAN 28 1965  
SHOGER  
P&A 1-7-65

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE  
(Other instructions on  
reverse side)

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 064355-E

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Independence

9. WELL NO.

1-X

10. FIELD AND POOL, OR WILDCAT

Wildcat

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

Sec. 12, T10S, R30E

12. COUNTY OR PARISH 13. STATE

Chaves

New Mexico

1.

OIL WELL ☐ GAS WELL ☐ OTHER ☒

Dry Hole

2. NAME OF OPERATOR

Dean H. Stoltz

3. ADDRESS OF OPERATOR

P. O. Box 1714, Midland, Texas

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)

At surface

660 feet FNL and 660 feet FEL, Section 12,  
Township 10 South, Range 30 East, Chaves  
County, New Mexico.

14. PERMIT NO.

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

4185 feet Derrick Floor

16.

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐

PULL OR ALTER CASING ☐

WATER SHUT-OFF ☐

REPAIRING WELL ☐

FRACTURE TREAT ☐

MULTIPLE COMPLETE ☐

FRACTURE TREATMENT ☐

ALTERING CASING ☐

SHOOT OR ACIDIZE ☐

ABANDON\* ☒

SHOOTING OR ACIDIZING ☐

ABANDONMENT\* ☐

REPAIR WELL ☐

CHANGE PLANS ☐

(Other) ☐

(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 perti-  
nent to this work.)\*

This notice is subsequent to telephone conversation with Mr. Shoger on January 7,  
1965, pertaining to plugging this well.

After reaching total depth of 3600 feet on January 7, 1965, we propose to run a  
gamma ray - neutron log and set cement plugs as follows:

35 sacks from 3550 to 3450 ✓  
35 sacks from 3100 to 3000 ✓  
50 sacks from 1925 to 1775 ✓  
50 sacks from 225 to 175 ✓  
15 sacks from 40 to Surface ✓

The required marker will be installed and location cleaned up. 10.5# Mud will  
be put above and below all plugs.

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

SIGNED Dean H. Stoltz

TITLE Agent

DATE January 11, 1965

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

APPROVED

DATE

JAN 28 1965

B. J. SHOGER  
DISTRICT ENGINEER

NMOCC - ARTESIA  
NMOCC - HOBBS  
BLM - SANTA FE

\*See Instructions on Reverse Side