

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

N. M. O. C. C. COPY
SUBMIT IN TRIPLICATE
(Other instructions
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 0391191

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

none

7. UNIT AGREEMENT NAME

none

8. FARM OR LEASE NAME

Grynberg

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Caprock Queen

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

10-15S-31E, N. M. P. M.

12. COUNTY OR PARISH

Chaves

13. STATE

N. M.

1.

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Charles B. Read

3. ADDRESS OF OPERATOR

P. O. Box 1822, Roswell, New Mexico

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

1650' FWL and 330' FNL Sec. 10-15S-31E
Unit Letter C

14. PERMIT NO.

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

4419' KB

16. 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) Set intermediate casing ☒

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.)*

Spudded 10:15 p.m. April 22, 1965.

Set 8-5/8" 24#, J-55 casing at 204' with 100 sx regular Neet, 2% HA5 cement. Plugged down at 2:45 a.m. 4/23/65.

Circulated 10 sx cement to surface. Tested casing with 1000# for 30 min., no pressure drop, tested o.k. WOC 18 hrs.

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

SIGNED

Charles B. Read

TITLE Operator

DATE 5/27/65

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL

APPROVED
JUN 7 1965
Rudolph C. Baier, Jr.
RUDOLPH C. BAIER, JR.
ACTING DISTRICT ENGINEER

TITLE

DATE

*See Instructions on Reverse Side

RECEIVED
JUN 7 1965
U.S. GEOLOGICAL SURVEY
ARTESIA, OFFICE

Instructions

General: This form is designed for submitting proposals to perform certain well operations, and reports of such operations when completed, as indicated, on Federal and Indian lands pursuant to applicable Federal law and regulations, and, if approved or accepted by any State, on all lands in such State, pursuant to applicable State law and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 17: Proposals to abandon a well and subsequent reports of abandonment should include such special information as is required by local Federal and/or State offices. In addition, such proposals and reports should include reasons for the abandonment; data on any former or present productive zones, or other zones with present significant fluid contents not sealed off by cement or otherwise; depths (top and bottom) and method of placement of cement plugs; mud or other material placed below, between and above plugs; amount, size, method of parting of any casing, liner or tubing pulled and the depth to top of any left in the hole; method of closing top of well; and date well site conditioned for final inspection looking to approval of the abandonment.

