

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

NM000 - ARTECIA

NM000 - NM000

BLM - 80000000

GEOLOGICAL SURVEY

SUNDY NOTICES AND REPORTS ON WELLS

NM-024136A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

1. ALL WELLS ☒ CAN BE USED FOR OTHER PURPOSES, OR FOR OTHER PURPOSES, OR FOR OTHER PURPOSES, OR FOR OTHER PURPOSES.

2. NAME OF OPERATOR

Bell Petroleum Company

3. ADDRESS OF OPERATOR

P. O. Box 1538 - Midland, Texas 79701

4. LOCATION OF WELL (Report location clearly, also name of line with any life requirements.
See also page 17 below.)

1980' FSL & 660' FHL of Section 28

7. NET AGREEMENT NAME

"I"

8. FARM OR LEASE NAME

Conley-Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Cato San Andres

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

Sec. 28-23-30E

12. COUNTY OR PARISH 13. STATE

Chaves New Mexico

Approved 11/20/67

4158.6' GR

16

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

PUMP OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

ALTERED CEMENT

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANE

OTHER

Spud, set surface & prod string

(Other)

(NOTE: Report results of multiple completion on Well
Completion or Recombination 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.)*

12/4/67 Spudded 1:00 PM; set 9 jts 24# 8rd 8-5/8" csg @ 301'/250 sx Regular w/2%
CaCl₂ plug down 7:00 PM 12/5; WOC 18 hrs.

12/5/67 Tested to 1000# for 30 mins; test okay.

12/10/67 Ran 110 jts 5-1/2" csg set @ 3600'/245 sx Incor; plug down @ 9:30 PM;
WOC 18 hrs.12/11/67 Tested to 1000# for 4 hrs; held okay; nipples up; released rig; prep to
complete.

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

SIGNED

Alvin Lyons

TITLE

Production Supv.

DATE

12/14/67

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

J. W. Luthalan
District Engineer

*See Instructions on Reverse Side