

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPlicate
(Other instructions on reverse side)Form approved.
Budget Bureau No. 42-R1424.NM000 - ARTEZIA
NM000 - HOBBS
BLM - SANTA FE

SUMMARY 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.

5. LEASE DESIGNATION AND SERIAL NO.

NM-020975

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

White "B" Federal

9. WELL NO.

10. FIELD AND POOL, OR WILDCAT

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

9-10-31 NMPM

12. COUNTY OR PARISH 13. STATE
Chaves N.M.

1. OIL WELL ☐ GAS WELL ☐ OTHER ☒ *Drilling*
2. NAME OF OPERATOR
Chico Drilling Co.
3. ADDRESS OF OPERATOR
Box 68 Hobbs, New Mexico 88240
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface

330' FNL X 330' FEL SEC. 9 (UNIT A, NE 1/4, NE 1/4)

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)

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) *Logging* ☒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.)

*Chico Drilling Co. spudded 12 1/4" hole 11:00 A.M. 1-17-68.
8 5/8" OD 24" J-55 casing was set at 500' w/300 rx.
incor neat plus 2% CACL. Circ. out 60 rx. cement.
after WOC approx. 13 hours, tested casing w/1000
PSI for 30 minutes. Test O.K.*

Reduced hole to 7 7/8" at 500' and resumed drilling.

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

SIGNED *[Signature]*TITLE *Area Supt.*DATE *1-17-68*

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

ACCEPTED FOR RECORD

J. W. Luthalm
District Engineer

*See Instructions on Reverse Side

RECEIVED

014-1565
1-1565
1-SUSP
1-RG
1-