

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE
(Other instructions on
reverse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

BLM NM 8255 (22)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

-

7. UNIT AGREEMENT NAME

-

8. FARM OR LEASE NAME

Federal Occidental

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Wildcat

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREANE 1/4 NE 1/4, Sec. 22,
T14S, R30E

12. COUNTY OR PARISH

Chaves

13. STATE

NM

1. OIL ☐ GAS ☐ OTHER ☒ Dry
WELL WELL

2. NAME OF OPERATOR

COCKRELL CORPORATION

3. ADDRESS OF OPERATOR

Suite 999, The Main Building, Houston, TX 77002

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

At surface

660' FEL & 660' FNL, Sec. 22, T14S, R30E

14. PERMIT NO.

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

3,891.2 GR

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) ☐

Extend Permit

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 OPERATION. (Clearly state all pertinent details, and give pertinent dates, including estimated date of start and 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.)*

Permission is requested to leave well in its present status (temporarily abandoned) until June 30, 1974. There has been no change in the status of the well since our last report dated 12/6/72.

U.S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

RECEIVED

DEC 17 1973

U.S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED

H. E. Treashley

TITLE Vice President

DATE 12/14/73

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

John R. Ruff

TITLE DISTRICT ENGINEER

DATE

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O. C. C.
ARTESIA, OFFICE