

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on
reverse side)

Form approved.
Budget Bureau No. 42-R1424.

SUNDRY 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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM 15892	
2. NAME OF OPERATOR Blair & Metcalfe-Blair Exploration, Inc. & Tom Metcalfe		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR c/o Meyer & Associates, Inc., PO Box 7764, Midland, Tx.		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' PSL & 660' FEL		8. FARM OR LEASE NAME Hudson-Federal	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4322' G.L.		10. FIELD AND POOL, OR WILDCAT Wildcat	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 7, T7S-R31E	
		12. COUNTY OR PARISH Chaves	13. STATE N.M.

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Setting Production Csg. <input type="checkbox"/>	
(Other) <input type="checkbox"/>		(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.)*

Set production casing on 6-3-77 @ 9:00 P.M. NMDST. Ran 4 1/2" csg. 10.5# ST&C @ 3870'. Cemented w/300 sx. Class "HF + 0.5% CFR-2 + 4# sx. salt + 1/2# Flocele. WOC 24 hours.

RECEIVED

JUL 13 1977

**U.S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO**

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

SIGNED <u>[Signature]</u>	TITLE <u>Engineer</u>	DATE <u>7-12-77</u>
(This space for Federal or State office use)		
APPROVED BY <u>[Signature]</u>	TITLE <u>ACTING DISTRICT ENGINEER</u>	DATE <u>JUL 15 1977</u>
CONDITIONS OF APPROVAL, IF ANY:		

RECEIVED

JUL 18 1977

O. C. C.
ARTESIA, OFFICE

RECEIVED

JUL 21 1977

OIL CONSERVATION COMM.
HOBBS, N. M.