

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLE
(Other Instructions
reverse side)

Form approved.
Budget Bureau No. 42-R1424

5. LEASE DESIGNATION AND SERIAL NO.

NM 18854

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Chambers Federal No. 1

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Undesignated

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

Sec. 33, T-14-S, R-35-E

12. COUNTY OR PARISH 13. STATE

Lea

N.M.

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Samadan Oil Corporation

3. ADDRESS OF OPERATOR

900 Wall Towers East, Midland, Texas 79701

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below.)
At surface

1980' FEL & 660' FNL of Sec. 23

T-14-S, R-35-E

14. PERMIT NO.

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

4013.6' G.L.

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) ☐ Spud

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.)*

Hondo Drilling Company rigged up and spudded 17 1/2" hole at 12 noon 8-13-77.

Drilled to 460', ran 13 3/8" H-40, 48# casing and set at 459'. Cemented with

400 sacks Class "C" with 2% CaCl. Cement circulated to surface. WOC 18 hours.

Pressure tested casing and BOP to 1000 psi, held ok. Drilling ahead.

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

SIGNED S.C. Goodrich

TITLE Division Engineer

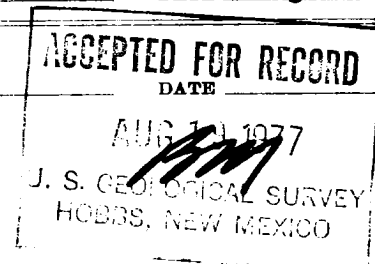
DATE August 18, 1977

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

*See Instructions on Reverse Side



RECEIVED

7 28 1977

CL CL INT-ON COMA.
HOBBS, N. M.