

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIP
(Other instruction
verse 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 0533777-C	
2. NAME OF OPERATOR Western States Producing Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 900 Bank of the Southwest - Midland, Texas		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 1980 FNL & 1980 FWL		8. FARM OR LEASE NAME Federal 24	
14. PERMIT NO.		9. WELL NO. 2	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4447 GR		10. FIELD AND POOL OR WILDCAT Chaveroo	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 24, T-7-S, R-32-E	
		12. COUNTY OR PARISH Roosevelt	
		13. STATE New Mexico	

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 checked="" 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) <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.)*

T.D. 4700' lime.
Ran 145 jts 4 1/2", 10.5#, J-55 casing set @ 4700' rotary table measurements
Cmtd with 150 sx Incote 5# salt/sk. PD 5:45 a.m., June 30, 1968
WOC 48 hrs. Tested casing w/ 1000 psi for 30 minutes -- held

Preparing to perforate and treat.

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

SIGNED James L. Gordon TITLE Office Manager DATE 7-3-68

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE JUL 1968

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side ACTING DISTRICT ENGINEER