

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on
reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.
LC-067982-B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
--

7. UNIT AGREEMENT NAME
--

8. FARM OR LEASE NAME
McKay-Shell Federal

9. WELL NO.
1

10. FIELD AND POOL, OR WILDCAT
Wildcat

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA
Sec. 3, T-19S, R-32E NMPM

1. OIL ☐ GAS ☒ WELL ☐ OTHER
2. NAME OF OPERATOR
Petroleum Development Corporation
3. ADDRESS OF OPERATOR
9720-B Candelaria, N.E., Albuquerque, NM 87112
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
2310' FSL & 990' FWL Section 3-19S-32E

14. PERMIT NO. -- 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3666 GL

12. COUNTY OR PARISH Lea 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 ☐ PULL OR ALTER CASING ☐
FRACTURE TREAT ☐ MULTIPLE COMPLETE ☐
SHOOT OR ACIDIZE ☐ ABANDON* ☐
REPAIR WELL ☐ CHANGE PLANS ☐
(Other) ☐

WATER SHUT-OFF ☐ REPAIRING WELL ☐
FRACTURE TREATMENT ☐ ALTERING CASING ☐
SHOOTING OR ACIDIZING ☐ ABANDONMENT* ☐
(Other) Intermediate Casing ☒
(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.)*

Ran 93 joints 8-5/8", K-55, 32 & 24# casing. Set @ 4160' with 400 sxs. Howco-lite w/7-1/2# salt/sx. & 200 sxs. Class "H" with 2.6# salt/sx. P.D @ 1:30 a.m. 11/16/75. WOC 24 hrs. tested BOP to 1700#, held okay.

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

SIGNED

TITLE

Secretary

DATE

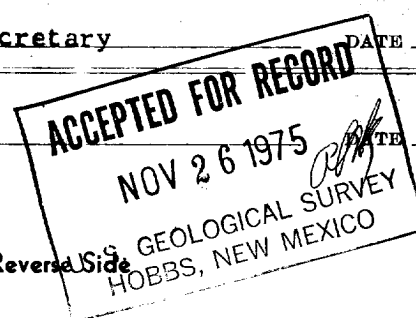
11/18/75

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:



*See Instructions on Reverse Side