

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYCOPY TO O.G.
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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM-9560-A	
2. NAME OF OPERATOR Inexco Oil Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 1100 Milam Bldg., Suite 1900, Houston, Texas 77002		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' FEL Sec 12-T19S-R32E		8. FARM OR LEASE NAME Federal 12 Sicola Federal	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3656-5GR		10. FIELD AND POOL, OR WILDCAT W. Tonto Undersigned	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 12-T19S-R32E	
		12. COUNTY OR PARISH Lea	
		13. STATE N.M.	

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/> Running 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.)*

13 3/8" 48# H40 STC set @ 500'. Cemented w/525 sxs Class "C". Cement to surface.

8 5/8" set @ 5109'	5109'-3560' 28# K-55
	3561'-1518' 24# K-55
	1518'-1515' DV Tool
	1515'- 89' 24# K-55
	89'- 0' 28# K-55

1st Stage cement 1800 sxs Howco Lite w/Gilsonite & Flosele. Tailed w/300 sxs Class "C"

2nd Stage 650 sxs Howco Lite w/Gilsonite & Flosele. Tailed w/150 sxs Class "C". Had returns to surface.

5 1/2" Set @ 13,625'	13625'-10738' 17# S-95 LTC
	10738'- 1975' 17# N-80 LTC
	1975'- 0' 20# N-80 LTC

Cemented w/750 sxs Class "H" with 50-50 Poz Mix, 200 sxs Class "H".

RECEIVED

AUG 31 1979

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

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

SIGNED V. C. Maddox
V. C. MaddoxTITLE Drilling AdministratorDATE August 28, 1979

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

*See Instructions on Reverse Side

