

COPY TO O. & G.
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLI
(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 ☒ GAS WELL ☐ OTHER

2. NAME OF OPERATOR
William E. Hendon, Jr.

3. ADDRESS OF OPERATOR
601 N. Loraine, Suite 111, Midland, Texas 79701

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

760' from North line & 1880' from East line

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3729 GL

5. LEASE DESIGNATION AND SERIAL NO.
NM 14000

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
N/A

7. UNIT AGREEMENT NAME
N/A

8. FARM OR LEASE NAME
New Mexico, Federal "35"

9. WELL NO.
2

10. FIELD AND POOL, OR WILDCAT
Querecho (Queen)

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 35, T-18-S, R-32-E,

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:

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 checked="" 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"/>		

(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.)*

Notice of change in proposed casing design. Due to unavailability of 5½" csg. from expected source, design has been changed to 4½" csg.

Hole	Casing	Depth	Cement
Conductor	13-3/8" 61# or less J-55	40'	Ready-mix if needed
12-1/4"	8-5/8" 24# J-55 STC	300'	125 cubic feet CIRCULATE
7-7/8"	4-1/2" 10.50# J-55 STC	3000'	685 cubic feet CIRCULATE

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

SIGNED Timothy Hartford

TITLE Operations Engineer

DATE June 22, 1981

(This space for Federal or State office use)

APPROVED BY Roger A. Chapman

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

JUN 26 1981

for JAMES A. GILLHAM
DISTRICT SUPERVISOR

*See instructions on Reverse Side