

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM 0141013	
2. NAME OF OPERATOR ME-TEX SUPPLY COMPANY		6. IF INDIAN, ALLOTTEE OR TRIBE NAME 1971	
3. ADDRESS OF OPERATOR P. O. BOX 2070, HOBBS, NEW MEXICO 88240		7. UNIT AGREEMENT NAME MESCALERO RIDGE	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2310' FSL & 1650 FWL of Section		8. FARM OR LEASE NAME MESCALERO	
14. PERMIT NO.		9. WELL NO. 2	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3704 GR 3714 KB		10. FIELD AND POOL, OR WILDCAT WILDCAT	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 20, T-19-S, R-34-E	
		12. COUNTY OR PARISH LEA	
		13. STATE N. Mex.	

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	PULL OR ALTER CASING
FRACTURE TREAT	MULTIPLE COMPLETION
SHOOT OR ACIDIZE	ABANDON*
REPAIR WELL	CHANGE PLANS
(Other)	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREATMENT	ALTERING CASING
SHOOTING OR ACIDIZING	ABANDONMENT*
(Other) Testing	

(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.)*

Pump tested 30 days. Pumped and flowed an average of 200 BWPD plus 1 BLOPD. Avg. gas volume 175,000 CFPD. Shut well in. Casing pressure increased to 1100 psi in 24 hrs. SITP-0.

Bled off press., pulled rods and pump and moved test pumping unit off location. Shut well in.

SICP-1100 psi SITP-0 Opened casing well KO and flowed 40 BW in 4 hrs. through 2" nipple and died. Gas volume decreased from 500,000 to 20,000 CFPD rate in same 4 hr. period. Gas continued to flow through casing after well died at 15,000-20,000 CFPD rate.

Prepare to Temporary Abandon.

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

SIGNED [Signature]

TITLE Geologist

DATE 2/12/70

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

ACCEPTED FOR RECORD

FEB 19 1970

*See Instructions on Reverse Side

U.S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO