

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on
reverse side)

Form approved.
Budget Bureau No. 42-R1424.

COPY TO O.C.C.

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 052	
2. NAME OF OPERATOR Pennzoil United, Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Drawer 1828 - Midland, Texas 79701		7. UNIT AGREEMENT NAME Mescalero Ridge Unit	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2086' FNL & 554' FEL of Sec. 35, T-19-S, R-34-E		8. FARM OR LEASE NAME	
14. PERMIT NO.		9. WELL NO. 4	
15. ELEVATIONS (Show whether DF, RT, CR, etc.) 3714 GL		10. FIELD AND POOL, OR WILDCAT Undesignated	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 35, T-19-S, R-34-E	
		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"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input checked="" 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"/>		<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.)*

12-11-70 Drilled 7 7/8" hole to 10,258'. Ran logs. Ran 4 1/2" OD, 11.6# casing to 10,258' w/D.V. tool @ 5743'. Cemented 1st stage w/355 sx Class "C" 2% gel with 10# salt per sack. Cemented 2nd stage w/325 sx Class "H" 50/50 posmix 6% gel plus 100 sx Class "H" neat. Plug down @ 11:30 P.M.
12-12-70. Ran temperature survey, TOC 3410'.

12-17-70 Moved in completion unit. Tested casing to 2500#. Tested O.K. Drilled D.V. tool & cement to 10,215'. Tested casing to 2500#. Tested O.K. Now prep to commence completion operations.

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

SIGNED

TITLE

Drilling Superintendent

DATE

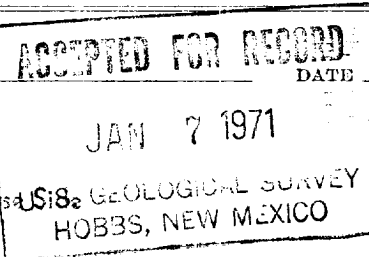
1-5-71

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:



*See Instructions on Reverse

RECEIVED

JAN 7 1971

OIL CONSERVATION COMM.
HOBBS, N. M.