

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE  
(Other instructions  
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 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, ET, GR, 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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input checked="" type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Commence Operations	

(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.)\*

Spudded 17 1/2" hole @ 7:00 P.M. 11-7-70. Drilled to 350'. Ran 11 3/4" csg. to 348'. Cemented w/100 sx Class "H" 6% gel with 1/4# flocele per sk + 150 sx Class "H" 2% CaCl. Plug down @ 4:55 A.M. 11-8-70. Cement circulated O.K.

After 20 hrs WOC, tested csg. w/1,000# for 30 min. Tested O.K.

Drilled 11" hole to 4065'. Ran 8 5/8" O.D. csg. to 4065'. Cemented w/540 sx Class "H" 50/50 posmix 6% gel w/10# salt & 1/4# flocele per sk + 150 sx Class "H" w/5# salt & 1/4# flocele per sk. Plug down at 2:50 P.M. 11-14-70.

Ran temperature survey & found TOC @ 2940'

After 27 hrs WOC, tested casing to 1500# for 30 min. Tested O.K.

Now drilling at 9526' on 12-1-70.

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

SIGNED

TITLE Drilling Superintendent

DATE 12-1-70

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE