

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE  
(Other instructions on  
reverse side)

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.  
LC-029416

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Jewett McDonald Federal

9. WELL NO.  
1

10. FIELD AND POOL, OR WILDCAT  
Undesignated

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA  
Sec. 15, T-18-S, R-32-E

12. COUNTY OR PARISH  
Lea

13. STATE  
New Mexico

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 ☐ Dry Hole

2. NAME OF OPERATOR  
INEXCO OIL COMPANY

3. ADDRESS OF OPERATOR  
106 Mid-America Bldg., Midland, Texas 79701

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface  
660' FSL & 660' FEL, Sec. 15, T-18-S, R-32-E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, OR, etc.)  
3827.7 GR

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 COMPLETION  | <input type="checkbox"/>            |
| SHOOT OR ACIDIZE    | <input type="checkbox"/> | ABANDON*             | <input checked="" type="checkbox"/> |
| REPAIR WELL         | <input type="checkbox"/> | CHANGE PLANS         | <input type="checkbox"/>            |
| (Other)             |                          |                      |                                     |

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)               | <u>Plugging Back</u>     |                 | <input checked="" 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.)\*

On 1-24-71 by verbal approval we spotted 35 sx. cement plugs:

11,570-11,470  
10,110-10,010  
8,300- 8,200  
6,730- 6,630  
4,500- 4,400

We will request plugging instructions when we pull casing  
at later date.

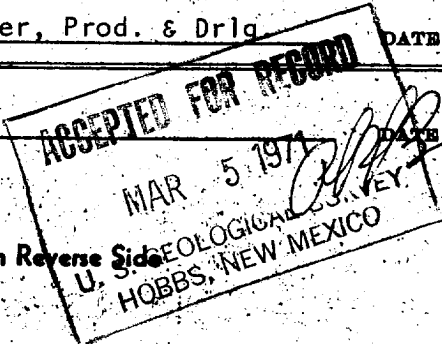
18. I hereby certify that the foregoing is true and correct

SIGNED Bernard J. Mahony TITLE Manager, Prod. & Drlg DATE 2-26-71

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side



REMOVED

MAR 10 1971

CL. ORGANIZATION CH. 11  
JAN 10 1971