

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM-56556

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

BREITZ-FEDERAL

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

WILDCAT

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

14-19-S, 33-E

12. COUNTY OR PARISH

LEA

13. STATE

NM

1. ☐ OIL  
WELL ☐ GAS  
WELL ☐ OTHER

2. NAME OF OPERATOR

CARL A. SCHELLINGER

3. ADDRESS OF OPERATOR

POST OFFICE BOX 447, ROSWELL, NM 88201

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

1980' FSL &amp; 660' FEL

14. PERMIT NO.

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

3690 GR, 3699 DF

16.

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐PULL OR ALTER CASING ☐WATER SHUT-OFF ☐REPAIRING WELL ☐FRACTURE TREAT ☐MULTIPLE COMPLETION ☐FRACTURE TREATMENT ☐ALTERING CASING ☐SHOOT OR ACIDIZE ☐ABANDON\* ☐SHOOTING OR ACIDIZING ☐ABANDONMENT\* ☐REPAIR WELL ☐CHANGE PLANS ☐(Other) running Production casing ☒

(Other)

(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.)\*

1-24-87: TD 4950' ls & dolo., Ran 117 jts of 17# and 15.5# K-55, 5 1/2" casing,  
set @ 4950', cemented with 400 sx Class C, 6# salt, .2% CFR-3, Plug  
Down @ 1:15 A.M. 1-24-87.

Deviation Survey attached.

ACCEPTED FOR RECORD

FEB 02 1987

CARLSBAD, NEW MEXICO

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

SIGNED

TITLE

OPERATOR

DATE

1-29-87

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

RECEIVED  
FEB 4 1987  
JCC  
HORE'S OFFICE