

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRICATE*
(Other instruct 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

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

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 & 660' FEL (Unit I, NE $\frac{1}{4}$ SE $\frac{1}{4}$)

14. PERMIT NO.

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

3690 GR

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

BRITZ 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

16.

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

☐
☐
☐

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

running casing

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

☐
☐
☐
☒(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

17. DESCRIBE PROMISED 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.)*

WEK Rig #1 Spudded @ 5:30 P.M. 1-12-87

1-16-87: Ran 36 jts 24# 8 5/8" casing set @ 1527'; Cemented with 500 sx Halliburton Lite, 1# flo seal, 2% CaCl, plus 200 sx, Class C, 2% CaCl; Circulated, Plug down @ 1:30 P.M. 1-15-87 WOC 18 hrs, Pressure Test 800# 30", OK.

ACCEPTED FOR RECORD

FEB 02 1987

742
CARLSBAD, NEW MEXICO

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

SIGNED

TITLE

OPERATOR

DATE 1-20-87

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: