

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIP DATE*
(Other instruction
reverse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM-0250

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.)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

-

7. UNIT AGREEMENT NAME

-

8. FARM OR LEASE NAME

K.F. Quail Federal

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

Lea Bone Spring

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

Sec. 1, T-20-S, R-34-E

14. PERMIT NO.

Regular

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

3697' GR

12. COUNTY OR PARISH

Lea

13. STATE

New Mexico

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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 perti-
nent to this work.)*

11-3/4" O.D. casing cemented at 407'.

Pan 4039' (131 jts) 8-5/8" O.D. 32# casing and cement at 4050' w/400 sks TLW w/7.5# salt/sk, followed by 300 sks Class C w/10# salt/sk. Plug at 4010'. Job complete 2:15 PM October 23, 1970.

Tested 8-5/8" OD casing w/1500# for 30 minutes from 9:30 P.M. to 10:00 P.M., October 24, 1970. Tested O.K. Drilled out cement plug and retested w/1500# for 30 minutes from 10:50 P.M. to 11:20 P.M., October 24, 1970. Tested O.K. Job complete 11:20 P.M. October 24, 1970.

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

SIGNED

TITLE

Assistant District
Superintendent

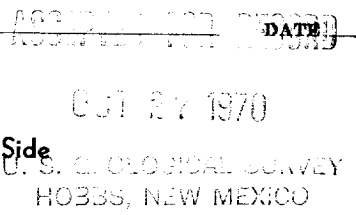
DATE October 26, 1970

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:



*See Instructions on Reverse Side