

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on
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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM-15907	
2. NAME OF OPERATOR Cleary Petroleum Corporation		6. IF INDIAN, ALLOTTEE OR TRIBE NAME ---	
3. ADDRESS OF OPERATOR P. O. Drawer 2358, Midland, Texas 79702		7. UNIT AGREEMENT NAME ---	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 760' FSL & 660' FEL Subsurface Location: 1320' FNL & 1320' FEL		8. FARM OR LEASE NAME Felmont Federal	
14. PERMIT NO. Letter dated 12-28-77		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3588' GR		10. FIELD AND POOL, OR WILDCAT Undesignated	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 25, T-20-S, R-32-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 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) Plug Back <input checked="" type="checkbox"/>	
(Other) <input 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.)*

- 3-9-78 TIH to Csg Shoe @ 5196' taking SLM. Did not find any trace of cmt plug that was spotted from 6500' to 5900'. Tagged cmt plug @ 6833'. TIH w/DP open-ended to spot cmt plug from 6500' to 5900'.
- 3-10-78 Finished TIH w/DP open-ended to 6500'. Circ hole. RU Howco. Spotted 215 sx Class "C" containing 10 lbs per sk Sand & mixed @ 15.0 PPG from 6500' up. TIH & tagged top of cmt plug @ 6022' after 30 hrs WOC.
- 3-11-78 Washed & circ'd contaminated cmt from 6022' to 6200'. POH. TIH w/DP open-ended to 6200'. Spotted 175 sx Class "C" cmt containing 10 lbs/sk Sand & 0.3% CFR-2 mixed @ 15.0 PPG from 6200' up. POH.
- 3-12-78 Tagged top of cmt plug @ 5900'.
- 3-13-78 Circ & WOC for 48 hrs. Drld cmt plug from 5900' to 6070'. Tested cmt plug w/40 M lbs weight & 1900 PSIG PP for 15". No washout. PBD 6070'.
- 3-14-78 TIH w/Dyna-drill BHA & checked operation OK. Set Dyna-drill @ N 5° E & started Directional Drilling Operations.

(con't on additional pg)

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

SIGNED

TITLE District Production Mgr.

DATE 4-11-78

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

