

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRI-DATE
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1421.

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.)

5. LEASE DESIGNATION AND SERIAL NO.
LC 031736 (b)
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

7. UNIT AGREEMENT NAME

2. NAME OF OPERATOR

N. M. Z. V.

3. ADDRESS OF OPERATOR

8. FARM OR LEASE NAME

P. O. Box 460, Hobbs, New Mexico 88240

Seneca, Penn.

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

9. WELL NO.

90

*660' FSL + EL. of Sec. 22, T-20S, R-37E,
in Tes. County, N. Mex.*

10. FIELD AND POOL, OR WILDCAT

Cass Strawn Pool

14. PERMIT NO.

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

3515 GR (EST.)

11. SEC., T., R., N., OR S.W. AND SURVEY OR AREA

Sec. 22, T-20S, R-37E

12. COUNTY OR PARISH

Tes

13. STATE

N. Mex.

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 COMPLETION

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 pertinent to this work.)

*This well was spudded at 11:00 A.M. 12-9-68.
Drilled 17 1/2" hole to 315' and set 13 3/8" OD
48# H-40 Casing. Cemented casing with 375
sacks of class H cement with 2% Cal. Chl. Tested
casing with 1000 # pressure for 30 minutes. Tested
O.K.*

Ull-5, Can Am Hobbs 2, Atl. Res 2, Chev. Mid. 2, File

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

SIGNED *Robert Gault*

TITLE *Administrative Section Chief*

DATE *12-11-68*

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

DATE

*See Instructions on Reverse Side

J. L. GORDON
ACTING DISTRICT ENGINEER