

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE  
(Other instructions on  
reverse side)

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC - 045708 - B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Owens Federal

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

Undesignated

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

19 - 21 - 38

12. COUNTY OR PARISH 13. STATE

Lea

New Mexico

1.

OIL WELL ☒ GAS WELL ☐ OTHER

2. NAME OF OPERATOR

Solar Oil Company

3. ADDRESS OF OPERATOR

P. O. Box 5596 Midland, Texas

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

1980' FSL & 660' FWL

14. PERMIT NO.

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

3453.3 GR

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) ☐

(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.)\*

1-12-69 Spud 13-3/4" hole.

1-14-69 Ran 9-5/8", 36#, Electric-Weld csg. to 860'  
Cmtd w/400 sx. Class "C", 4% gel, and 100 sx.  
Class "C". Circ. WOC 18 hrs. Press. to 1000# for 30 mins.  
Held OK.

2-7-69 Drilled to TD 7525'.

2-8-69 Ran 7" OD, 26#, J. E. Lone Star new csg. to  
7,525'. Cmtd. w/300 sx. Class "C", 8% gel,  
& 350 sx. Class "C", 2% gel. WOC 18 hrs.  
Press. to 1000# for 30 mins. Held OK.

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

SIGNED

*M. J. Smith*

TITLE Production Clerk

DATE February 17, 1969

(This space for Federal or State official use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

NOTED

APPROVED

FEB 17 1969

FEB 18 1969

GORDON

J. L. GORDON  
ACTING DISTRICT ENGINEER

\*See Instructions on Reverse Side