

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPlicate*
(Other instruction
verse side)FORM APPROVED
Budget Bureau No. 42-R1424
5. LEASE IDENTIFICATION AND SERIAL NO.

LC-061650(b)

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR SOLAR OIL COMPANY		8. FARM OR LEASE NAME Rosa Lee Federal	
3. ADDRESS OF OPERATOR P. O. BOX 5596, MIDLAND, TEXAS 79701		9. WELL NO. 2	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FNL & 1980' FWL		10. FIELD AND POOL, OR WILDCAT Undesignated	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 19-21S, 38E	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3475 GL		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:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input checked="" type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input 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.)*

1-14-69 - Spud 13-3/4" hole.

1-15-69 - Ran 9-5/8", 36#, J-55 csg. to 852'. Cmt'd. w/400 sx Class "C", 4% gel and 100 sx Class "C" 2% gel. Circ. WOC 18 hrs. Press. to 1000# for 30 mins. Held O.K.

2-6-69 - Drld. to T.D. of 7585'. Ran 7" OD, 26#, N-80 & J-55 csg. to 7585'. Cmt'd. w/300 sx Class "C", 8% gel and 350 sx Class "C", 2% gel. WOC 18 hrs. Press. to 1000# for 30 mins. Held O.K.

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 office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

FEB 17 1969

*See Instructions on Reverse Side

J. L. GORDON
ACTING DISTRICT ENGINEER