

UNIT 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 ☒ GAS WELL ☐ OTHER ☐	5. LEASE DESIGNATION AND SERIAL NO. 032896 (a)
2. NAME OF OPERATOR E. W. Peery	6. IF INDIAN, ALLOTTEE OR TRIBE NAME —
3. ADDRESS OF OPERATOR Box 401, Midland, Texas, 79701	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 2310 Ft. FSL of Sec. 17, T21S, R37E, 990 Ft. FSL	8. FARM OR LEASE NAME W. Lockhart
14. PERMIT NO.	9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3492 DF	10. FIELD AND POOL, OR WILDCAT Blinchery - Tubb
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 17 - T21S, R37 - N40E
	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) **Down Hole Commingling** ☐

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.)*

12/1 - 5/1975

Swab Tubb zone. Set Baker 1.78" check valve in seat nipple @ 6291'. Open G.C.T. "B" sleeve at 6046. Equalize pressure and pull check valve. Swab and Test.

New Mexico Oil Conservation Commission

Down Hole Commingling Permit DHC 185
Received.

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

SIGNED

TITLE

PARTNER

DATE

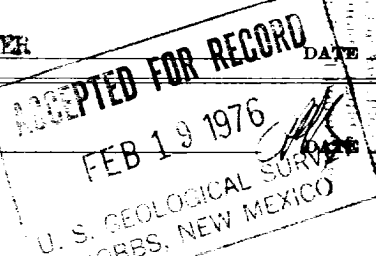
2/13/76

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:



Instructions

General: This form is designed for submitting proposals to perform certain well operations, and reports of such operations when completed, as indicated, on Federal and Indian lands pursuant to applicable Federal law and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office.

Item 16: If there are no applicable State requirements, locations of Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 17: Proposals to abandon a well and subsequent reports of the abandonment should include such special information as is required by local Federal and/or State offices. In addition, such proposals and reports should include reasons for the abandonment; data on any former or present productive zone, or other zones with present significant fluid contents not sealed off by cement or otherwise; depths (top and bottom) and method of placement of cement plugs; and or other material placed below, between and above plugs; amount, size, method of parting of any casing, liner or tubing pulled and the depth to top of any left in the hole; method of closing top of well; and date well site conditioned for final inspection looking to approval of the abandonment.

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UNITED STATES
DEPARTMENT OF THE INTERIOR
BIOLOGICAL SERVICE

SUNDRY NOTICES AND REPORTS

TO THE DIRECTOR, BIOLOGICAL SERVICE

FROM THE FIELD OFFICE

DATE

TO

FROM

SUBJECT

REMARKS

LOCATION

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