## UNITED STATES DEPARTMENT

ATES SUBMIT IN TRIPLICADE.
(Other instructions of verse side)

Form approved. Budget Bureau No. 42-R1424. LEASE DESIGNATION AND SERIAL NO.

GEOLOGICAL SURVEY

MM032369 6. IF INDIAN, ALLOTTEE OR TRIBE NAME

| (Do not use this form for Use "A   | 7. UNIT AGREEMENT NAME  |                         |
|--|---|-------------------------|
| MELT X METT OF   | HER   |                         |
| 2. NAME OF OPERATOR  | S. FARM OR LEASE NAME   |                         |
| Texas Pacific Oil Con  | Elliott B-12  |                         |
| 3. ADDRESS OF OPERATOR   | 9. WELL NO.   |                         |
| P. O. Box 40 <b>67,</b> Miāla  | 2   |                         |
| 4. LOCATION OF WELL (Report loc See also space 17 below.) At surface 567! F Unit I | Drinkard & Wantz (6U)  11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA |                         |
| 14. PERMIT NO.   | 15. ELEVATIONS (Show whether DF, RT, GR, etc.)                          | Sec. 12, T-22-S, R-37-E |
|  | 3350 GR   | Lea New Mexico          |
|  | ck Appropriate Box To Indicate Nature of Notice, Report,                |                         |

|                     |   | SUBSEQUENT REPORT OF: |  |  |                   |   |   |
|---------------------|---|-----------------------|--|--|-------------------|---|---|
|                     | - |                       |  |  |                   |   |   |
| TEST WATER SHUT-OFF |   | PULL OR ALTER CASING  |  | WATER SHUT-OFF                           |                   | REPAIRING WELL  |   |
| FRACTURE TREAT      |   | MULTIPLE COMPLETE     |  | FRACTURE TREATMENT                       |                   | ALTERING CASING   |   |
| SHOOT OR ACIDIZE    |   | ABANDON*              |  | SHOOTING OR ACIDIZING                    |                   | ABANDONMENT*  |   |
| REPAIR WELL         |   | CHANGE PLANS          |  | (Other) Set Casin                        | 1g &              | Cement  | X |
| (Other)             |   |                       |  | (Note: Report rest<br>Completion or Reco | uIts of<br>mpleti | multiple completion on Well<br>on Report and Log form.) | i |

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.)\*

- Spudded 9-26-75, Drilled 12 1/4" hole to 1150'. Ran 26 Jts. 9 5/8" 36# K-55 STC R-3 casing (1166') set at 1150'. F.C. at 1106' w/S-3 centrolizers at 1128', 1061', and 1014'. Cemented w/550 sxs. Class "C" containing 2% CACL, Mixed @ 14.8 PPG. Plug down 9:45 P.M. 9-27-75. Cement circulated.
- WOC 24 hours. Tested casing to 1000' psig F/30 min. tested ok.
- Commenced drilling 8 3/4" hole.

| 8. I hereby certify that the foregoing is true and correct SIGNED | TITLE        | Drilling Coordinator DATE 10-2.75                                    |
|---|--------------|--|
| (This space for Federal or State office use)                      |              | TOO RECORD   |
| APPROVED BYCONDITIONS OF APPROVAL, IF ANY:                        | TITLE        | ACCEPTED FOR RECORD  OCT 81 1975  OUR VEY                            |
| *Se   | e Instructio | OCT S.1 1975 Ons on Reverse, State OLOGICAL SURVEY HOBBS, NEW MEXICO |