

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

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

0557257

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 Texas Pacific Oil Company, Inc.		8. FARM OR LEASE NAME Elliott B-13	
3. ADDRESS OF OPERATOR P. O. Box 4067 Midland, Texas 79701 U.S.A.		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 510' FWL & 2100' FNL		10. FIELD AND POOL, OR WILDCAT Drinkard & Wantz (GW)	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 13, T-22-S, R-37-E	
15. ELEVATIONS (Show whether DF, RT, GR, etc.)		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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Set Csg. & Cement. <input checked="" 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.)*

- Spudded 10-24-75, drilled 12 1/4" hole to 1120'.
- Ran 25 Jts. (1125') 9 5/8" 36#, K-55, ST&C R-3 Casing Set @ 1120' w/F.C. @ 1025', Cmt. Down 9 5/8" casing w/600 sx. Class "C" containing 2% CACL, Mixed @ 14.8 PPG W/1.32 cu. ft./sk. yield, Plug down 4:00 A.M. 10-26-75. Cmt. Circulated.
- WOC 24 hours test 9 5/8" casing to 1000 PSIG for 30 minutes, held OK.
- Drilling 8 3/4" hole.

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

SIGNED B. J. Knight - Jr

TITLE Drilling Coordinator

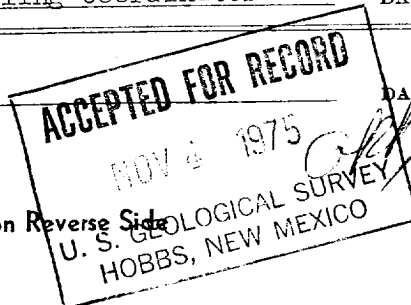
DATE 10-29-75

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____



*See Instructions on Reverse Side