

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
N.M.O.C.D. COPY
SUBMIT IN TRIPLICATE
(Other instructions 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 test interval. Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		AUG 11 1981	
2. NAME OF OPERATOR Sanders Petroleum Corporation		O. C. D.	
3. ADDRESS OF OPERATOR 11000-D Spain Road NE, Albuquerque, NM 87111		ARTESIA, OFFICE	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FEL & 1650' FSL, Sec. 25, T23S, R33E		5. LEASE DESIGNATION AND SERIAL NO. NM 25465	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3632 GL	
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		7. UNIT AGREEMENT NAME	
NOTICE OF INTENTION TO:		8. FARM OR LEASE NAME Williamson Federal	
TEST WATER SHUT-OFF <input type="checkbox"/>		9. WELL NO. 1	
FRACTURE TREAT <input type="checkbox"/>		10. FIELD AND POOL, OR WILDCAT Wildcat	
SHOOT OR ACIDIZE <input type="checkbox"/>		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 25, T23S, R33E NMPM	
REPAIR WELL <input type="checkbox"/>		12. COUNTY OR PARISH Lea	
(Other) <input type="checkbox"/>		13. STATE NM	

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"/>	

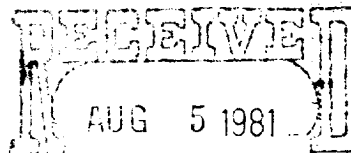
SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input 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"/> Run Casing & Cement	

(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.)*

8-2-81 Total Depth 5417'. Ran 132 jts., 5402.09', 4-1/2" 10.5# K-55 casing, set at 5412'. Top of float collar 5393'. Cemented with 175 sx. 65/35 Poz. mix 6% gel, with 7% salt; followed by 125 sx. "Self-Stress" Class "C" with 1/4# Celloflake/sx. Plug down 7:45 a.m. 8-2-81. Applied "Ruff-Kote" to bottom 400' of casing. Centralizers at: 5353', 5271', 5189', 5108', 5026', 4944'. Top of cement at 4130' by temperature survey.

OIL & GAS
U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO

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

SIGNED Charles A. Chapman TITLE PresidentDATE 8-3-81

(This space for Federal or State office use)

ROGER A. CHAPMAN

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

AUG 6 1981

U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO
See Instructions on Reverse Side