

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42 R1421

5. LEASE DESIGNATION AND SERIAL NO.

NM-0392082-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

N/A

7. UNIT AGREEMENT NAME

N/A

8. FARM OR LEASE NAME

Union Federal

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

Jennings Delaware

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 4, T-26-S, R-32-E

12. COUNTY OR PARISH

Lea

13. STATE

New Mexico

1. OIL ☐ GAS ☒ OTHER ☐
WELL WELL

2. NAME OF OPERATOR

BLACKROCK OIL COMPANY

3. ADDRESS OF OPERATOR

1000 V & J Tower, Midland, Texas 79701

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

Unit B, 660 FNL & 1980 FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, OR, etc.)

3322' G.L.

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) Drlg. Opers., Cementing & TestingREPAIRING 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.)*

1.) Spudded @ 9:00 p.m. 12-30-71.

2.) Ran 22 jts. of 8-5/8" csg. Set @ 901' and cemented w/500 sx
Class C, 1/4# Flo-Cel, 2% Calcium Chloride. Plug down 9:30 p.m.
1-1-72. Circulated 100 - 150 sx. WOC 18 hrs. Pressured up
w/1000# for 30 mins. Tested OK.3.) Ran 111 jts. of 4-1/2" csg. Set @ 4620' and cemented w/125 sx.
Class C, 50-50 Pozmix, 2% gel, .3 of 1% CFR2, 10# salt per sx.
Plug down 7:30 p.m. 1-9-72. WOC 18 hrs. Pressured up w/1000#
for 30 mins. Tested OK.

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

SIGNED

O.D. Butler

TITLE

President

DATE

Jan. 20, 1972

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

1972
HOBBS, NEW MEXICO