

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 02889

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Wimberly 12

9. WELL NO.

3

10. FIELD AND POOL, OR WILDCAT

Triple X Delaware

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

Sec. 10, T-24S, R-32E

14. PERMIT NO.

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

3570' GR

12. COUNTY OR PARISH

Lea

13. STATE

NM

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)

FULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

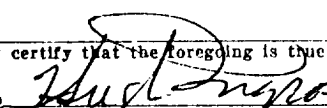
(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

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.)*

Spudded a 12 1/4" hole on 10-2-73 and drilled to 400'. Ran & set 8 5/8" 20# csq at 400'. Cemented casing with 210 sacks of class 'C' cement. Circulated cement to surface. W.O.C. 24 hrs. Tested casing w/ 1000 # for 30 min. held OK.

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

SIGNED



TITLE Admin. Supervisor

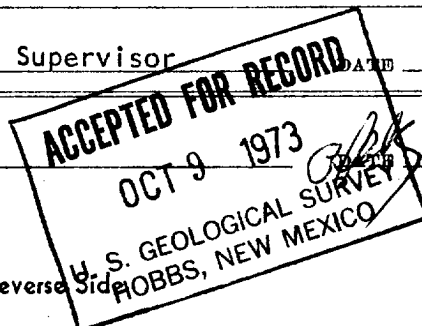
DATE 10-4-73

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:



*See Instructions on Reverse Side