

DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Serial Number **032956**
Lease or Permit **Lease**
Wells **#1**

SUNDRY NOTICES AND REPORTS ON WELLS

| | |
|---|--|
| NOTICE OF INTENTION TO DRILL..... | SUBSEQUENT RECORD OF SHOOTING..... |
| NOTICE OF INTENTION TO CHANGE PLANS..... | RECORD OF PERFORATING CASING..... |
| NOTICE OF DATE FOR TEST OF WATER SHUT-OFF..... | NOTICE OF INTENTION TO PULL OR OTHERWISE ALTER CASING..... |
| REPORT ON RESULT OF TEST OF WATER SHUT-OFF..... | NOTICE OF INTENTION TO ABANDON WELL..... |
| NOTICE OF INTENTION TO RE-DRILL OR REPAIR WELL..... | SUBSEQUENT REPORT OF ABANDONMENT..... |
| NOTICE OF INTENTION TO SHOOT..... | SUPPLEMENTARY WELL HISTORY..... |

(INDICATE ABOVE BY CHECK MARK NATURE OF REPORT, NOTICE, OR OTHER DATA)

7-16-37

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Following is a ~~notice of intention to do work~~ **report of work done** on land under ~~permit~~ **lease** described as follows:

New Mexico **Las County** **Langlie**
(State or Territory) (County or Subdivision) (Field)
Well No. **1** **C SE SE Section 8** **255** **37E** **N40W**
(¼ Sec. and Sec. No.) (Twp.) (Range) (Meridian)

The well is located **660** ft. **N** of **S** line and **660** ft. **E** of **W** line of sec. **8-255-37E**

The elevation of the derrick floor above sea level is **5210** ft.

DETAILS OF PLAN OF WORK

(State names of and expected depths to objective sands; show sizes, weights, and lengths of proposed casings; indicate mudding jobs, cementing points, and all other important proposed work.)

TD 3270'. 8½" OD - 17½ API Grade C Black Seamless Casing was cemented at 3270' with 300 lbs. common cement 7-8-37. Casing was tested before drilling out cement plug on 7-10-37 with 1000# pressure. Pressure decreased 20# in 30 minutes. Plug was drilled out and casing again tested on 7-11-37 with 1000# pressure. Pressure decreased 10# in 30 min.

CC - N. M. Oil Conservation Commission ✓

Approved _____
(Date)

Company **Anderson-Friedland Oil Corp.**

By **Huston Payne**

Title _____
GEOLOGICAL SURVEY

Title **Manager Prod. Dept.**

Address _____

Address **Box 1697, Hobbs, N. M.**

NOTE.—Reports on this form to be submitted in triplicate to the Supervisor for approval.

