

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

5. LEASE DESIGNATION AND SERIAL NO.

NM 032240

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Barbara-Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

No. Hackberry Yates

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

29-19S-31E

14. PERMIT NO.

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

3487 GL

12. COUNTY OR PARISH

Eddy

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)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

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.)*

TD 2218. Propose to pull 7" production casing by cutting casing @ 1950 ft. Will spot 100 ft. cement plug at TD of 2218'. Propose to then fill hole w/mud from top of cement plug to base of salt approx. 1950 ft. Will set 100 ft. cement plug 1850-1950', fill hole w/mud to base of surface casing (720') and set 100 ft cement plug. Will attempt to pull 300 ft. 8-5/8" surface casing, and if successful set 25 sax plug where surface casing parts and fill hole with mud to surface, setting standard marker with 15 sax plug. Will clean and level location.

RECEIVED

SEP 2 1966

RECEIVED
SEP 6 1966
U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED

Ren Mayer

TITLE

Operator

DATE

8/30/66

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side

