

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING
OFFICE FOR NUMBER
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(Other instructions on re-
verse side)

BLM Roswell District
Modified Form No.
NM660-3160-4

C/SF

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME <u>Gulf B</u> <u>SJS</u>	
2. NAME OF OPERATOR <u>J.M. Welch</u> ✓		8. FARM OR LEASE NAME <u>Gulf 'B'</u>	
3. ADDRESS OF OPERATOR <u>P.O. Box 496, Artesia, NM 88210</u>		9. WELL NO. <u>1</u>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) <u>At surface</u> <u>1650 FEL 330 FNL</u>		10. FIELD AND POOL, OR WILDCAT <u>Shugart Y SR Q G</u>	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 28-T18S-R31E</u>	
15. ELEVATIONS (Show whether DF, RT, GR, etc.)		12. COUNTY OR PARISH <u>Eddy</u>	
		13. STATE <u>NM</u>	

RECEIVED
SEP 27 1991
O. C. D.
ARTESIA DISTRICT

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 checked="" 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"/>		

(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.) *

Propose to Plug and Abandon as follows: Pulled rods and tbg.
Set 400' cmt plug from 3920-3520 over Queen perms 3604-3910.
Tag plug 3550'. Set cmt plug from 2400-1900. Perf csg at 750'
Attempt to circ cmt from 750' to surface or squeeze w/75 sx
cmt. Tag cmt at 700'. Place 10 sx plug at surface and install
dry hole marker and clean location.

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

SIGNED Robert Chase TITLE Agent DATE 8/5/91

(This space for Federal or State office use)

APPROVED BY Shannon J. Shaw TITLE Field Supervisor DATE 9/24/91

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side