

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM-6999

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

IRMA

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

WILDCAT

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

Sec. 35, T19N, R5W

12. COUNTY OR PARISH 13. STATE

McKinley

New Mex.

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.)

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

James L. Ludwick

3. ADDRESS OF OPERATOR

P.O. Box 70

Farmington, New Mexico 87401

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

2260'FSL, 1980'FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether on Rwy. or sec.)

6649 Gr.

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

X

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.) *

As per verbal discussion with Ed Schmidt on 6-25-1981.

Request waiver of Approval to Abandon.

After log re-evaluation: Request approval to re-enter hole, drill out cement plugs, perforate and sand water from additional zone.

Surface has not yet been restored - same pits will be used. No additional surface disturbance will occur.

All provisions of original NTL-6 program as filed will be complied with.

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

SIGNED

(This space for Federal or State use)

TITLE

Agent

DATE

6-25-1981

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

NMOCG

*See Instructions on Reverse Side

JUN 30 1981

JAMES F. SIMS

DISTRICT OIL & GAS SUPERVISOR

