

**UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT**

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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.)

<p>1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER</p> <p>2. NAME OF OPERATOR James L. Ludwick</p> <p>3. ADDRESS OF OPERATOR P.O. Box 70, Farmington, NM 87499</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2310' FSL, 330' FWL</p> <p>14. PERMIT NO.</p>	<p>5. LEASE DESIGNATION AND SERIAL NO. NOO-C-14-20-5530</p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME NAVAJO ALLOTTED</p> <p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME INDIAN 14</p> <p>9. WELL NO. 5</p> <p>10. FIELD AND POOL, OR WILDCAT WILDCAT Paper Wash-MV</p> <p>11. SEC., T., R., MI. OR B.L.K. AND SURVEY OR AREA Sec. 17, T19N-R5W</p> <p>12. COUNTY OR PARISH 13. STATE McKinley NM</p>
<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.)</p>	

16. **Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data**

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input checked="" type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <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.)*

REQUEST TO PLUG & ABANDON:

PLANS FOR PLUGGING WELL 5-17:

1. Pull 1 1/4" tubing.
2. Load 2 7/8" casing with water, break down perfs, fill 2 7/8 " casing with 65 sks neat cement 1.18 yield, squeeze 5 sks. cement into perfs.
3. Perfs at 1585-1595, 4 shots per foot.
4. Install dry hole marker, back fill pits, and reseed location.
5. Work to be completed by June 31, 1993.

RECEIVED

JAN 28 1993

**OIL CON. DIV.
DIST. 3**

070 FARMINGTON, NM

3 JAN 20 AM 11:35

RECEIVED
BLM

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

SIGNED James L. Ludwick TITLE Operator DATE 1/19/93

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

APPROVED

JAN 26 1993

AREA MANAGER

*See Instructions on Reverse Side
NMOC