

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

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

Form approved.  
Budget Bureau No. 42-R1424.

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> <b>Plug and Abandonment</b>		5. LEASE DESIGNATION AND SERIAL NO. <b>NM-A-27870</b>
2. NAME OF OPERATOR <b>Houston Oil &amp; Minerals Corporation</b>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME -
3. ADDRESS OF OPERATOR <b>1700 Broadway, Suite 504, Denver, Colorado 80290</b>		7. UNIT AGREEMENT NAME -
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <b>990' FNL, 990' FEL, Sec. 1, T15N, R4W</b>		8. FARM OR LEASE NAME <b>Booth Drought</b>
14. PERMIT NO.		9. WELL NO. <b>2</b>
15. ELEVATIONS (Show whether DF, RT, GR, etc.)		10. FIELD AND POOL, OR WILDCAT <b>Wildcat</b>
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>Sec. 1, T15N, R4W</b>
		12. COUNTY OR PARISH <b>Sandoval</b>
		13. STATE <b>N.M.</b>

16. 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.)

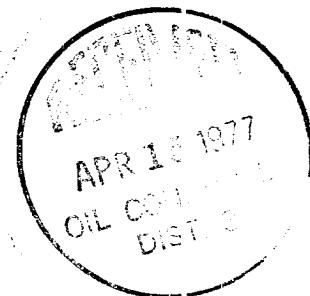
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

Plug well as per verbal orders from Mr. Carl Barrick, received at 4:00 pm,  
April 2, 1977:

Plugs to be set as follows:

#1: 6800'-6550' (89 sx.)  
#2: 4900'-4700' (73 sx.)  
#3: 4300'-3800' (173 sx.)  
#4: 2800'-2400' (143 sx.)  
#5: 1700'-1550' (54 sx.)  
#6: 0'-30' (10 sx.)

Install dry hole marker



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

SIGNED Ronald D. Scott TITLE Division Drilling Engineer DATE April 13, 1977

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side