

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICA
(Other instructions on
reverse side)

Form approved.
Budget Bureau No. 42-R1424.
DESIGNATION AND SERIAL NO.
24-025477

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 type="checkbox"/> OTHER Dry Hole</p>	<p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p>
<p>2. NAME OF OPERATOR F. W. Estill</p>	<p>7. UNIT AGREEMENT NAME Federal</p>
<p>3. ADDRESS OF OPERATOR c/o Oil Reports & Gas Services, Inc., Box 763, Hobbs, New Mexico</p>	<p>8. FARM OR LEASE NAME Federal</p>
<p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660° FSL & 660° FNL of Section 26</p>	<p>9. WELL NO. 1</p>
<p>14. PERMIT NO.</p>	<p>10. FIELD AND POOL, OR WILDCAT South Carlin Queen</p>
<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3794 GR</p>	<p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 26, T18S, R33E</p>
<p>12. COUNTY OR PARISH Lea</p>	<p>13. STATE N.M.</p>

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

<p>NOTICE OF INTENTION TO:</p> <table border="0"> <tr> <td>TEST WATER SHUT-OFF <input type="checkbox"/></td> <td>PULL OR ALTER CASING <input type="checkbox"/></td> </tr> <tr> <td>FRACTURE TREAT <input type="checkbox"/></td> <td>MULTIPLE COMPLETE <input type="checkbox"/></td> </tr> <tr> <td>SHOOT OR ACIDIZE <input type="checkbox"/></td> <td>ABANDON* <input type="checkbox"/></td> </tr> <tr> <td>REPAIR WELL <input type="checkbox"/></td> <td>CHANGE PLANS <input type="checkbox"/></td> </tr> <tr> <td>(Other) <input type="checkbox"/></td> <td></td> </tr> </table>	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 type="checkbox"/>	REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>		<p>SUBSEQUENT REPORT OF:</p> <table border="0"> <tr> <td>WATER SHUT-OFF <input checked="" type="checkbox"/></td> <td>REPAIRING WELL <input type="checkbox"/></td> </tr> <tr> <td>FRACTURE TREATMENT <input type="checkbox"/></td> <td>ALTERING CASING <input type="checkbox"/></td> </tr> <tr> <td>SHOOTING OR ACIDIZING <input type="checkbox"/></td> <td>ABANDONMENT* <input type="checkbox"/></td> </tr> <tr> <td>(Other) <input type="checkbox"/></td> <td></td> </tr> </table> <p>(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)</p>	WATER SHUT-OFF <input checked="" 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"/>	
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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.)*

Spud 7:00 AM 7/26/73. Cemented 8 5/8" 20# J-55 casing at 381' with 180 sacks class H 2% calcium chloride. Plug down 2:15 PM 7/26/73. Circulated 30 sacks. WOC 20 hours, tested casing with 500# for 30 minutes, test O.K.

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

SIGNED *Donna Dallas* TITLE **Agent** DATE **8/23/73**

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

Instructions

General: This form is designed for submitting proposals to perform certain well operations, and reports of such operations when completed, as indicated, on Federal and Indian lands pursuant to applicable Federal law and regulations, and, if approved or accepted by any State, on all lands in such State, pursuant to applicable State law and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 17: Proposals to abandon a well and subsequent reports of abandonment should include such special information as is required by local Federal and/or State offices. In addition, such proposals and reports should include reasons for the abandonment; data on any former or present productive zones, or other zones with present significant fluid contents not sealed off by cement or otherwise; depths (top and bottom) and method of placement of cement plugs; mud or other material placed below, between and above plugs; amount, size, method of parting of any casing, liner or tubing pulled and the depth to top of any left in the hole; method of closing top of well; and date well site conditioned for final inspection looking to approval of the abandonment.