

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPlicate
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 066840

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Susan Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Wantz Abo

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

18 T-23-S R-38-E

12. COUNTY OR PARISH

Lea

13. STATE

New Mexico

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR

Sotau Oil Company (designated operator for Imperial-American)

3. ADDRESS OF OPERATOR

Box 5596, Midland, Texas 79701

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

660' FNL & 660' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, CR, etc.)

3374.5 GL

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) Plug and abandon

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

(Other)

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.)*

Proposed plugging procedure:

25 sx plug from 6800' to 6900'

25 sx plug from 6500' to 6600'

25 sx plug from 5350' to 5450'

25 sx plug in and out of stub. Shoot off 7" csg. at estimated 4000'

25 sx plug from 2600' to 2700'

25 sx plug from 1300' to 1400'

25 sx plug from 800' to 900'

10 sx plug at surface. Set marker. Hole will be filled with 9.8# mud.

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

SIGNED [Signature]

TITLE Production Clerk

DATE 10-6-70

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

DATE

*See Instructions on Reverse Side

Vertical text on the right side of the page, including "Instructions" and other administrative markings.