

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIP
(Other instructions
reverse 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 checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. <u>LC 65710-A</u>	
2. NAME OF OPERATOR <u>El Paso Products</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR <u>c/o Hobbs Pipe & Supply Co., Box 2010, Hobbs, N. M.</u>		7. UNIT AGREEMENT NAME <u>Lusk Deep Unit</u>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <u>1650' FSL & 990' FWL</u>		8. FARM OR LEASE NAME <u>Lusk Deep</u>	
14. PERMIT NO.		9. WELL NO. <u>7</u>	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>UK</u>		10. FIELD AND POOL, OR WILDCAT <u>Lusk <i>Shaw</i></u>	
		11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA <u>20-19S-32E</u>	
		12. COUNTY OR PARISH <u>Lea</u>	13. STATE <u>N. M.</u>

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 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.)*

1. Spotted a 25 sx cement plug to cover existing perforations, 11,371' - 11,422'.
2. Spotted a 25 sx cement plug at stub of 4-1/2" casing, (6,500').
3. Spotted a 35 sx cement plug at base of 8-5/8" casing (3,774').
4. Spotted a 25 sx cement plug at 2,400' - 2,500'.
5. Spotted a 25 sx cement plug at 700' - 800'.
6. Spotted a 10 sx cement plug at top.
7. Hole was loaded with mud-laden fluids and a 4" regulation marker
8. Well was plugged and abandoned on 10/18/71.

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

SIGNED *[Signature]*

TITLE

AGENT

DATE

10/20/71

(This space for Federal or State office use)

APPROVED BY

TITLE

APPROVED

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

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