

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

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

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

MI-02127-B.

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

---

7. UNIT AGREEMENT NAME

Lea Unit

8. FARM OR LEASE NAME

Lea Unit

9. WELL NO.

4

10. FIELD AND POOL, OR WELLS AT

Lea Penn Gas  
Lea Devonian Oil

11. SEC., T., R., M., OR BLM. AND  
SURVEY OR ABEA

Sec. 11-20S-34E

14. PERMIT NO.

Current

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

DF 3676'

12. COUNTY OR PARISH

Lea

13. STATE

New Mexico

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

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

(Other) Aband. Penn zone & recomplete

(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 and 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.) \*

Plan to abandon the Penn gas completion zone and return well to  
production as single Devonian oil producer.

*Pen zone will be grouted with cement*

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

SIGNED

*[Signature]*

TITLE

Area Supt.

DATE

1-29-73

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

*[Signature]*