

**UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY**

PERMIT OR TERMINATE  
OTHER INSTRUCTIONS OR RE-  
VISIONS

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

**NM 0631**

**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. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER</p> <p>2. NAME OF OPERATOR <b>Edwin Foster Blair</b></p> <p>3. ADDRESS OF OPERATOR <b>c/o Hobbs Pipe &amp; Supply Co., P. O. Box 2010, Hobbs, N. M.</b></p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <b>1900' FSL &amp; 2060' FWL</b></p> <p>14. PERMIT NO. <b>3653' K B</b></p>	<p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME <b>Lea Federal</b></p> <p>9. WELL NO. <b>1</b></p> <p>10. FIELD AND POOL, OR WILDCAT <b>Lea Bone</b></p> <p>11. SECTION, R. M., OR T10N, AND SURVEY OR AREA <b>1-20S-34E</b></p> <p>12. COUNTY OR PARISH <b>Lea</b></p> <p>13. STATE <b>N M</b></p>
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**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"/>	FRAC 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"/>	

(Other) \_\_\_\_\_ (Other) Report results of multiple completion on Well \_\_\_\_\_  
(or Report of Incomplete Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give completion 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 from 10,000'-10,300'.
2. Spotted a 25 sx. cement plug at top of tone springs at 8200'-8300'.
3. Spotted a 25 sx. cement plug at 8 5/8" casing shoe at 5400'-5500'.
4. Spotted a 25 sx. cement plug at 8 5/8" DV tool at 3600'-3700'.
5. Spotted a 25 sx. cement plug at top of salt at 1600'-1700'.
6. Spotted a 25 sx. cement plug at 13 3/8" casing shoe at 815'.
7. Spotted a 10 sx. cement plug at surface with marker.
8. Hole was loaded with mud laded fluids.

Cut and pulled 4-1/2" casing from 8095 feet.  
Cut and pulled 8-5/8" casing from 2935 feet.

**APPROVED**

NOV 1 1970

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

SIGNED *E. F. Blair* DATE ASST DATE 9-29-70

(This space for Federal or State office use)