

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

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

LC 032579 (e)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 ☒ GAS WELL ☐ OTHER
2. NAME OF OPERATOR
Westates Petroleum Company
3. ADDRESS OF OPERATOR
1600 Broadway, Suite 2360 - Denver, CO 80202
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
Unit P
SE 1/4 SE 1/4 26-25S-37E
14. PERMIT NO.
15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3050 DF

7. UNIT AGREEMENT NAME

Fed. Lease

8. FARM OR LEASE NAME

Carlson B-26

9. WELL NO.

6

10. FIELD AND POOL, OR WILDCAT

Justis Tubb-Drinkard

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

Section 26-25S-37E

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:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

REEL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANS

(Other)

(Other) Temporary 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.)*

The Tubb-Drinkard zone in this well was plugged back in May, 1970,
as per attached copy of Sundry Notice, because it was no longer
commercial.

We have no plans at this time to re-open this zone.

ILLEGIBLE

Row in AL

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

SIGNED

John C. Turner

TITLE

Area Manager

DATE

10/21/74

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
 (Outer envelope on re-
 verse side)

Form approved.
Budget Bureau No. 42-R1424.
5. LEASE DESCRIPTION AND SERIAL NO.
LC 03000000

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this page for any type of repair or alterations or plug back in a different receptacle.)

2. **NAME OF THE COMPANY**
 3. **STATE OF INCORPORATION**
 4. **DATE OF INCORPORATION**
 5. **NAME OF THE PRESIDENT**
 6. **NAME OF THE SECRETARY**
 7. **NAME OF THE TREASURER**
 8. **NAME OF THE MANAGER**
 9. **NAME OF THE CHIEF OF POLICE**
 10. **NAME OF THE CHIEF OF FIRE DEPARTMENT**
 11. **NAME OF THE CHIEF OF SANITARY DEPARTMENT**
 12. **NAME OF THE CHIEF OF WATER SUPPLY DEPARTMENT**
 13. **NAME OF THE CHIEF OF SEWERAGE DEPARTMENT**
 14. **NAME OF THE CHIEF OF PUBLIC WORKS DEPARTMENT**
 15. **NAME OF THE CHIEF OF STREET DEPARTMENT**
 16. **NAME OF THE CHIEF OF PARKS DEPARTMENT**
 17. **NAME OF THE CHIEF OF BUREAU OF PUBLIC AFFAIRS**
 18. **NAME OF THE CHIEF OF BUREAU OF FINANCE**
 19. **NAME OF THE CHIEF OF BUREAU OF LEGAL AFFAIRS**
 20. **NAME OF THE CHIEF OF BUREAU OF RECORDS AND COMMUNICATIONS**
 21. **NAME OF THE CHIEF OF BUREAU OF INSPECTION**
 22. **NAME OF THE CHIEF OF BUREAU OF INVESTIGATION**
 23. **NAME OF THE CHIEF OF BUREAU OF CRIMINAL INVESTIGATION**
 24. **NAME OF THE CHIEF OF BUREAU OF PROBATION**
 25. **NAME OF THE CHIEF OF BUREAU OF JUVENILE DELINQUENCY**
 26. **NAME OF THE CHIEF OF BUREAU OF MENTAL HYGIENE**
 27. **NAME OF THE CHIEF OF BUREAU OF PHYSICAL HYGIENE**
 28. **NAME OF THE CHIEF OF BUREAU OF NURSING**
 29. **NAME OF THE CHIEF OF BUREAU OF DENTISTRY**
 30. **NAME OF THE CHIEF OF BUREAU OF OPTOMETRY**
 31. **NAME OF THE CHIEF OF BUREAU OF PODIATRY**
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 100. **NAME OF THE CHIEF OF BUREAU OF VETERINARY MEDICINE**

3. ADDRESS OF ORIGINATOR
Mr. J. J. [redacted] Mexico

4. I have signed this Affidavit truthfully and in accordance with any State requirement.
(See page 17 below.)
Signature _____

990' FBI & 33' F.L. Sec. 26, 26S, 37E.

14. PERMIT NO. 15. ELEVATIONS (how whether 19, 20, OR, ETC.)

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

NOTICE OF INTENTION TO	
TEST WELD	BEFORE OR AFTER CASING
SHUT OFF	
FRAC PLUG TO AT	MULTIPLE COMPLETE
SHOOTER COMPLETE	ABANDON*
CHARGE WIRE	CHARGE PLANS

SUBSEQUENT TREATMENT OF	
WATER SHUT-OFF	_____
FRACTURE TREATMENT	_____ ALT
SHOOTING OR ACIDIZING	_____ ALT
(Other)	_____

[illegible]

5-29-70 - Cooled well. Pulled both strings of tubing. Ran Baker
on catch in plug. Set plug in Model B pump at 457 ft.
Increased pressure on plug 4850 lbs., plug held without any
loss of pressure. Ran short string of tubing. Shut well
down as Minebury well only. Temporary alarm in 1966
Bainard zone.

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

SIGNED [Signature]

TITLE	Prod.	Supt.
1. <u>1945-1946</u>		
2. <u>1947-1948</u>		
3. <u>1949-1950</u>		
4. <u>1951-1952</u>		
5. <u>1953-1954</u>		
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37. <u>2017-2018</u>		
38. <u>2019-2020</u>		
39. <u>2021-2022</u>		
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82. <u>2107-2108</u>		
83. <u>2109-2110</u>		
84. <u>2111-2112</u>		
85. <u>2113-2114</u>		
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99. <u>2141-2142</u>		
100. <u>2143-2144</u>		
101. <u>2145-2146</u>		
102. <u>2147-21</u>		

DATE 5-25-7

(Only use for Federal or State office use)

APPROVED BY _____
 CONDITIONS OF AWARD: IF ANY.

TITLE

ACCEPTED FOR DEPOSIT
MAY 26 1967
U.S. OFFICE OF INFORMATION
WASH. DC 20540

*See Instructions on Reverse