

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse 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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. <i>NM 28932</i>
2. NAME OF OPERATOR <i>Reeves Bros. Petroleum "A" Ltd.</i>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <i>2919 2nd NW, Albuquerque, NM 87107</i>		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <i>330's, 565'E</i>		8. FARM OR LEASE NAME <i>Reeves</i>
14. PERMIT NO.		9. WELL NO. <i>1</i>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <i>7470 GR</i>		10. FIELD AND POOL, OR WILDCAT <i>Wildcat</i>
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <i>Sec. 14, T28N R. 11W</i>
		12. COUNTY OR PARISH <i>Catron</i>
		13. STATE <i>NM</i>

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) ☐

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* ☒

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

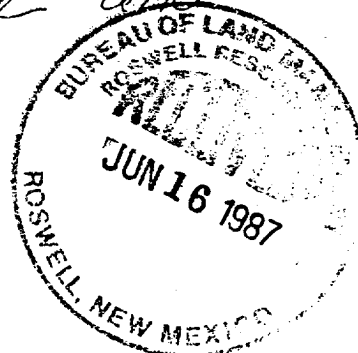
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

TD 650'

Abandonment as cleaned w/mr Willock

Placed cement plug from surface 0' to 100'

*Erected standard 4' x 4" marker and
Restored surface location.*



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

SIGNED

Darius E. Thelpe

TITLE

Operator Rep.

DATE

6-15-87

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY: Approved as to plugging of the well bore.
Liability under bond is retained until
surface restoration is completed.

*See Instructions on Reverse Side

APPROVED
PETER W. CHESTER

JUL 28 1987

BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA