

UNITED STATES M. O. C. O. COPY
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Form approved
Budget Bureau No. 42-R1424

5. LEASE DESIGNATION AND SERIAL No.
NM-05110-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Galvin

9. WELL NO.
7

10. FIELD AND POOL, OR WILDCAT
McMillan West SR

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
**Unit N
Sec. 12-20S-26E**

12. COUNTY OR PARISH
Eddy

13. STATE
N.M.

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
S. P. Yates

3. ADDRESS OF OPERATOR
207 So. 4th St., Artesia, NM 88210 O. C. C.

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface
990/s 1650/W Section 12-20S-26E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3274' GR

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JUN 14 1976

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 checked="" type="checkbox"/> Extension | SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | (Other) _____ | |

(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.)

Request extension of temporary abandonment status.
We are considering possibility of returning well to production,
which will require alternative method of water disposal.

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U. S. GEOLOGICAL SURVEY
ARTESIA, N.M.

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

SIGNED *S. P. Yates* TITLE Engineer DATE 6-14-76

(This space for Federal or State office use)

APPROVED
JUN 29 1976
[Signature]
L. L. BEEKING
DISTRICT ENGINEER

UNLESS FURTHER APPROVED, WELL MUST BE PUT TO BENEFICIAL USE OR PLUGGED BY APRIL OCTOBER 1, 1977
OCT 1 - 1976
*See Instructions on Reverse Side