

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRI-STATE  
(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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>   |  | 7. UNIT AGREEMENT NAME<br>Welch                                       |  |
| 2. NAME OF OPERATOR<br>J. N. C. Ritchie  |  | 8. FARM OR LEASE NAME<br>Welch Unit                                   |  |
| 3. ADDRESS OF OPERATOR<br>P. O. Box 5321, Midland, Texas 79701   |  | 9. WELL NO.<br>4  |  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.<br>See also space 17 below.)<br>At surface<br>990' FNL & 330' FEL<br>Unit Letter A |  | 10. FIELD AND POOL, OR WILDCAT<br>Welch Delaware                      |  |
| 14. PERMIT NO.<br>30-015-01153   |  | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>20-T-26-S, R-27-E |  |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br>3254 GL  |  | 12. COUNTY OR PARISH<br>Eddy  |  |
|  |  | 13. STATE<br>New Mexico   |  |

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

NOTICE OF INTENTION TO:

|                     |                          |                      |                          |
|---------------------|--------------------------|----------------------|--------------------------|
| TEST WATER SHUT-OFF | <input type="checkbox"/> | PULL OR ALTER CASING | <input type="checkbox"/> |
| FRACTURE TREAT      | <input type="checkbox"/> | MULTIPLE COMPLETE    | <input type="checkbox"/> |
| SHOOT OR ACIDIZE    | <input type="checkbox"/> | ABANDON*             | <input type="checkbox"/> |
| REPAIR WELL         | <input type="checkbox"/> | CHANGE PLANS         | <input type="checkbox"/> |
| (Other)             | <input type="checkbox"/> |                      | <input type="checkbox"/> |

SUBSEQUENT REPORT OF:

|                       |                          |                 |                                     |
|-----------------------|--------------------------|-----------------|-------------------------------------|
| WATER SHUT-OFF        | <input type="checkbox"/> | REPAIRING WELL  | <input type="checkbox"/>            |
| FRACTURE TREATMENT    | <input type="checkbox"/> | ALTERING CASING | <input type="checkbox"/>            |
| SHOOTING OR ACIDIZING | <input type="checkbox"/> | ABANDONMENT*    | <input checked="" type="checkbox"/> |
| (Other)               | <input type="checkbox"/> |                 | <input type="checkbox"/>            |

(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.)

December 19, 1969 - Abandoned well - pulled casing  
20 sx cement plug at 2090' - filled casing with 9.6# brine mixed with salt gel to make mud. shot off 5 1/4" casing at 1710' - spotted 33 sx cement plug at 1700' - Pulled 5 1/2" casing to 240' - spotted 33 sx cement plug - put 5 sx in surface with marker.

Location not cleaned up. Tank Battery not moved. Will advise when this has been done and ready for inspection,

RECEIVED

OCT 15 1970

G. E. G.  
ARTESIA, OFFICE

RECEIVED

JAN 20 1970

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

SIGNED Dee J. Hickman TITLE Agent DATE 12-31-69

(This space for Federal or State office use)

APPROVED BY R. L. BEEKMA TITLE  DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side