STATES SUBMIT IN TRIPLICATE. THE INTERIOR (Other Instruction re-UNITED STATES

Form approved. Budget Bureau No. 42-R1424.

U. LEASE	DESIGNATION	YUD REEL	YP VO
40	06	905	7
			
	i .	i .	LC 06905

GEOLOGICAL SURVEY			LC 069051		
(Do not use this form for pre-	OTICES AND REPORTS questles to drill or to deepen or plug ACATION FOR PERMIT—" for such	back to a different reservoir.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME		
OIL GAS OTHER WELL OTHER			7. UNIT AGREEMENT NAME		
2. NAME OF OPERATOR			8. FARM OR LEASE NAME		
Union Oil Company of California			Elliott Federal		
3. ADDRESS OF OPERATOR			9. WELL NO.		
c/o Hobbs Pipe & Supply, Box 2010, Hobbs, N. M.			1		
4. IOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface			10. FIELD AND POOL, OR WILDCAT		
			Gladiola Devenion		
360' FSL & 1980'	FEL		11. SEC., T., E., M., OE BLK. AND SURVEY OR AREA 27-115-38E		
14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)		DF, RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE		
	38881		Lea N. M.		
16. Check	Appropriate Box To Indicate	Nature of Notice, Report, or C	Other Data		
NOTICE OF IN	TENTION TO:	Pasans	CENT REPORT OF:		
TEST WATER SHUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL		
FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING		
SHOOT OR ACIDIZE	ABANDON* XX	SHOOTING OR ACIDIZING	ABANDONMENT*		
	CHANGE PLANS	(Other)			
REPAIR WELL	, ;		s of multiple completion on Well		

- 1. Propose to spot a 25 sx cement plug from 94661-9480'.

- 2. Propose to spot a 25 sx cement plug @ $5\frac{1}{2}$ casing stub @ 8000'.

 3. Propose to spot a 36 sx cement plug @ top of Glorietta @ 5900'.

 4. Propose to spot a 36 sx cement plug @ 8-5/8 casing shoe @ 4455'.

 5. Propose to spot a 36 sx cement plug @ 2200'.
- 6. Propose to spot a 10 sx cement plug @ surface w/marker.
- 7. Hole will be loaded w/mud-laden fluids.

S. I hereby certiff that the foregoing is true and correct			
SIGNED STEMMENT	TITLE	Agent	DATE 5/11/72
(This space for Federal or State office use)			-)
APPROVED BY	TITLE		DATE
CONDITIONS OF APPROVAL, IF ANY:		MAY 1 5 19	CAS .
*Se	e Instructio	ons on Reverse Side	or the second