

UNIT STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLIC
(Other instructions o.
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"/>		5. LEASE DESIGNATION AND SERIAL NO. NM 0175774	
2. NAME OF OPERATOR Llano, Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE-NAME	
3. ADDRESS OF OPERATOR P.O. Box 1320, Hobbs, New Mexico 88240		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 Unit E, 1980' FNL & 660' FWL, Section 21, T19S, R32E, N.M.P.M.		8. FARM OR LEASE NAME Plains Oper. Area	
14. PERMIT NO.		9. WELL NO. No. 6	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3,602' RDB		10. FIELD AND POOL, OR WILDCAT Lusk Strawn	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 21, T19S, R32E	
		12. COUNTY OR PARISH Lea	
		13. STATE N.M.	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT ON:	
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 type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>status of well</u> <input checked="" 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.) *

Upon completion of the formation of the Lusk Strawn Deep Unit and final U.S.G.S. approval, the Plains Operating Area Well #6 will be converted for injection of extraneous gas or used as an observation or production well under secondary recovery operations of the Lusk Strawn Deep Unit Pressure Maintenance Project. At present, the well is shut-in.

This approval of temporary OCT 2 1977
abandonment expires.

18. I hereby certify that the foregoing is true and correct
SIGNED [Signature] TITLE Manager, Petroleum and Natural Gas Engineering DATE September 27, 1976

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

ACCEPTED FOR RECORD
DATE SEP 28 1976
U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

*See Instructions on Reverse Side

RECEIVED

APR 1 1978
CAL. CONSERVATION COMM.
HENDON, N. B.