

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPI
(Other Instructions
verse side)

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Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 0175774

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Plains Oper. Area

9. WELL NO.

10. FIELD AND POOL, OR WILDCAT

Lusk Strawn

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

21, T-19-S, R-32-E

12. COUNTY OR PARISH

Lea New Mexico

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

Llano, Inc.

3. ADDRESS OF OPERATOR

P. O. Box 1320, Hobbs, New Mexico 88240

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 of Section 21, T-19-S, R-32-E, NMPM

14. PERMIT NO.

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

3,602' R.D.B.

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) Status of Well

(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 No. 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 Program. At present well is shut-in.

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

SIGNED

TITLE Executive Vice-President

DATE September 29, 1975

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

RECEIVED FOR RECORD
OCT 9 1975
U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO