

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

SUBMIT IN TRIPPLICATE\*  
(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.)

<b>1.</b> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> <b>Completing well</b>		<b>5. LEASE DESIGNATION AND SERIAL NO.</b> NM-4553-D
<b>2. NAME OF OPERATOR</b> Virgil Landreth,		<b>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</b>
<b>3. ADDRESS OF OPERATOR</b> 5534 Fredricksburg Rd., Apt. 132, San Antonio, Texas 78229		<b>7. UNIT AGREEMENT NAME</b>
<b>4. LOCATION OF WELL</b> (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Section 23, T-4-S, R-6-E, Socorro Co., N.M.		<b>8. FARM OR LEASE NAME</b> Panhandle
<b>14. PERMIT NO.</b>		<b>9. WELL NO.</b> 1
<b>15. ELEVATIONS</b> (Show whether DF, RT, GR, etc.) 5800 est. Operator ground		<b>10. FIELD AND POOL, OR WILDCAT</b> Wildcat
<b>16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data</b>		<b>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA</b> Sec. 23, T-4-S, R-6-E
<b>NOTICE OF INTENTION TO:</b> TEST WATER SHUT-OFF <input type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> SHOOT OR ACIDIZE <input type="checkbox"/> REPAIR WELL <input type="checkbox"/> (Other) <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETE <input type="checkbox"/> ABANDON* <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/>		<b>12. COUNTY OR PARISH</b> Socorro
<b>SUBSEQUENT REPORT OF:</b> WATER SHUT-OFF <input type="checkbox"/> FRACTURE TREATMENT <input type="checkbox"/> SHOOTING OR ACIDIZING <input checked="" type="checkbox"/> (Other) <input type="checkbox"/> REPAIRING WELL <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> ABANDONMENT* <input type="checkbox"/>		<b>13. STATE</b> N.M.

**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.) \*

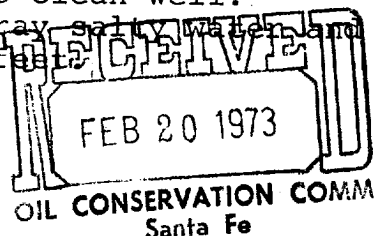
Perforated Madera formation as follows:

2900 to 2908, 2 shots per foot, 14 holes.

Acidized above perforations with 1000 gals. MRA (July 22, 1972), followed with nitrogen to clean well.

Blew well down. Mud, spray salty water and questionable gas, no gauge. No oil.

Bridge plug set at 2600 feet



Note: Above information furnished by Operator.

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

SIGNED: Robert M. McCall

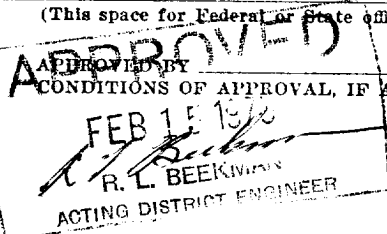
TITLE: Agent for Operator

DATE: \_\_\_\_\_

(This space for Federal or State office use)

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_



\*See Instructions on Reverse Side

REC- 0707

RECEIVED

FEB 16 1973

O. C. C.  
ARTESIA, OFFICE