

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE\*  
(Other instructions on reverse side)Form approved.  
Budget Bureau No. 42-R1424.  
5. LEASE DESIGNATION AND SERIAL NO.

NM 26005

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

## 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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <u>Plugged and Abandoned</u>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR <u>Houston Oil and Minerals Corporation</u>		8. FARM OR LEASE NAME <u>Federal</u>	
3. ADDRESS OF OPERATOR <u>1700 Broadway-Suite 504, Denver, Colorado 80290</u>		9. WELL NO. <u>14-28</u>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <u>600' FWL and 660' FSL, Section 28, T6N, R10E</u>		10. FIELD AND POOL, OR WILDCAT <u>Wildcat</u>	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>6092' (GL)</u>	
11. SEC., T., R., M., OR B.L.K. AND SURVEY OR AREA <u>Section 28 - T6N-R10E</u>		12. COUNTY OR PARISH <u>Torrance</u>	
		13. STATE <u>New Mexico</u>	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
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 checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) <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.)\*

Plugged well as follows (due to lack of any perspective shows).

#1: 6650-6500' (50 sx)  
#2: 4750-4600' (60 sx)  
#3: 2150-2000' (60 sx)  
#4: 1450-1300' (75 sx)

Perforated 9-5/8: casing at 420' and squeezed in 200 sx cement.

#5: 10-0' (15 sx)

Displaced plugs with mud laden fluid.

Dry hole marker installed.

Well plugged as per instructions from J.L. Long on 11-10-76. Location is being conditioned for final inspection at this time.

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

SIGNED Ronald D. Scott TITLE District Drilling Engineer DATE 12-8-76  
Ronald D. Scott  
(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

\*See Instructions on Reverse Side

