

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE\*  
(Other instructions on reverse 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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Casing Set July 2, 1969                                                                                                           |                                                           | 5. LEASE DESIGNATION AND SERIAL NO.<br>M-797                                                           |
| 2. NAME OF OPERATOR<br>Marion B. Edmonds and O. A. Peters                                                                                                                                                                                          |                                                           | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                                                                   |
| 3. ADDRESS OF OPERATOR<br>8669 7st. Downey, Calif. 90241                                                                                                                                                                                           |                                                           | 7. UNIT AGREEMENT NAME                                                                                 |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface<br>T. 15 N., R. 33 E., N. M. P. M.<br>Sec. 3: SW 1/4<br>660 feet from South Line & 990 feet from West Line |                                                           | 8. FARM OR RANCH NAME<br>Edmonds & Peters                                                              |
| 14. PERMIT NO.                                                                                                                                                                                                                                     | 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br>4260 GR | 9. WELL NO.<br>1 Federal                                                                               |
|                                                                                                                                                                                                                                                    |                                                           | 10. FIELD AND POOL, OR WILDCAT<br>Willcott                                                             |
|                                                                                                                                                                                                                                                    |                                                           | 11. SEC., T., R., E., N. OR B.L. AND SURFACE AREA<br>T. 15 N., R. 33 E., N. M. P. M.<br>Sec. 3: SW 1/4 |
|                                                                                                                                                                                                                                                    |                                                           | 12. COUNTY AND PARISH, STATE<br>Harding, N. M.                                                         |

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

| NOTICE OF INTENTION TO:                      |                                               | SUBSEQUENT REPORT OR                                                                                  |                                          |
|----------------------------------------------|-----------------------------------------------|-------------------------------------------------------------------------------------------------------|------------------------------------------|
| 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) Casing Set July 2, 1969                                                                       |                                          |
| (Other)                                      |                                               | (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 and proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and depths pertinent to this work.)

Set 200 feet of 10 3/4 Casing July 2, 1969 and Cemented with 75 sacks Cement slurry was Circulated from bottom to top of hole. Work was done by Halliburton from Paryton, Texas

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

SIGNED E. M. L. Turner TITLE Owner & Operators DATE July 6, 1969

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

St - Santa Fe, N.M.

## Instructions

**General:** This form is designed for submitting proposals to perform certain well operations, and reports of such operations when completed, as indicated, on Federal and Indian lands pursuant to applicable Federal law and regulations, and, if approved or accepted by any State, on all lands in such State, pursuant to applicable State law and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office.

**Item 4:** If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

**Item 17:** Proposals to abandon a well and subsequent reports of abandonment should include special information as is required by local Federal and/or State offices. In addition, such proposals and reports should include reasons for the abandonment; data on any former or present productive zones or other zones with present significant fluid contents, not sealed off by cement or otherwise; depths (top and bottom) and method of placement of cement plugs; and or other material placed below, between and above plugs; amount, size, method of parting of any casing, liner or tubing pulled and the depth to top of any left in the hole; method of closing top of well; and date well site conditioned for final inspection looking to approval of the abandonment.

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UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
SPECIAL INSTRUCTIONS AND REPORTS ON WELL ABANDONMENT

1. Name of well: \_\_\_\_\_

2. Location: \_\_\_\_\_

3. Reason for abandonment: \_\_\_\_\_

4. Date of abandonment: \_\_\_\_\_

5. Name of operator: \_\_\_\_\_

6. Name of Federal or State official: \_\_\_\_\_

7. Signature of operator: \_\_\_\_\_

8. Signature of Federal or State official: \_\_\_\_\_

9. Date of report: \_\_\_\_\_

10. Remarks: \_\_\_\_\_