

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM Oil Cons. Commission
Drawn SUBMIT IN TRIPL
(Other instructions on reverse side)
Artesia, NM 88210

Budget Bureau No. 1004-0135
Expires August 31, 1985

2158

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 checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. NM558973
2. NAME OF OPERATOR D. L. HANNIFIN OPERATING COMPANY		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 2588, Roswell, NM 88201		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 660' FNL, 660' FEL Section 17, Township 14 South, East, N.M.P.M.		8. FARM OR LEASE NAME Lillie Federal
14. PERMIT NO.		9. WELL NO. #1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3563.4' G.R.		10. FIELD AND POOL, OR WILDCAT Sams Ranch
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data ARTESIA, OFFICE		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 17-14-28
		12. COUNTY OR PARISH Chaves
		13. STATE NM

RECEIVED
AUG 25 '88

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data ARTESIA, OFFICE			
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 PLANE <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.)*			

The Lillie Federal #1 was plugged August 9, 1985, in the following manner:

1. Tubing was run to a depth of 1750' and the hole was loaded with heavy mud.
2. A 35 sack plug Class "C" was spotted from 1750' back to approximately 1590'. Tagged plug to 1585'.
3. A 45 sack plug Class "C" was spotted from 450' back to surface.
4. A regulation ^{marker} was erected and the location was cleaned and leveled and the Bureau of Land Management was notified for final inspection.

Post ID-2
9-2-88
PFA

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

SIGNED D. L. Hannifin

TITLE Operator

DATE August 10, 1988

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

Approved as to plugging of the well bore.
Liability under bond is retained until
surface restoration is completed.

*See Instructions on Reverse Side

APPROVED PETER W. CHESTER AUG 23 1988 BUREAU OF LAND MANAGEMENT ROSWELL RESOURCE AREA
