

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
Artesia, NM 88210

NW 400-1004-0135
SUBMITTING TRUTH
(Other Instructions on
Reverse Side)

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

c/5F

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 <input type="checkbox"/>	2. NAME OF OPERATOR D. L. HANNIFIN OPERATING COMPANY	3. ADDRESS OF OPERATOR P. O. Drawer 2588, Roswell, NM 88201	4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below) At surface 660' FNL, 1980' FWL Section 20, Township 14 South, Range 28 East, N.M.P.M.	5. LEASE DESIGNATION AND SERIAL NO. NM 0558973	6. IF INDIAN, ALLOTTEE OR TRIBE NAME	7. UNIT AGREEMENT NAME	8. FARM OR LEASE NAME Lillie Federal	9. WELL NO. #4	10. FIELD AND POOL, OR WILDCAT Sams Ranch	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 20-14-28	12. COUNTY OR PARISH	13. STATE
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3550' G.R.											

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 checked="" type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input 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.)*

It is proposed to plug and abandon the Lillie Federal #4 in the following manner:

1. Swab the 2 7/8" production string dry of fluid.
2. Mix 100 sacks of Class "C" and pump same down the 2 7/8" string. Squeezing the formation and leaving the string full of cement from top to bottom.
- * 3. A regulation marker will be erected and the location will be cleaned and leveled and the Bureau of Land Management will be notified for final inspection.

Work is to begin immediately upon approval of this proposal with the required advance notice to the Bureau of Land Management.

* Need cmt. behind 5 1/2" & 2 7/8" casings from at least 250' to 150'.

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

SIGNED <i>[Signature]</i>	TITLE Operator	DATE June 7, 1985
(This space for Federal or State office use)		

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

APPROVED
DATE
PETER W. CHESTER
JUN 18 1985
BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA

*See Instructions on Reverse Side