

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE
BY OTC CONS.
Drawer DD
Artesia, NM 88210

Form approved.
Budget Bureau No. 42-R1424.
LEASE DESIGNATION AND SERIAL NO.

NM-54263
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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR CARL A. SCHELLINGER	8. FARM OR LEASE NAME Reep Federal
3. ADDRESS OF OPERATOR P.O. Box 447, Roswell, New Mexico 88201	9. WELL NO. 1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FNL & 1650' FEL Sec. 34	10. FIELD AND POOL, OR WILDCAT Wildcat
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 34, T-11-S, R-26-E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3608 GL; 3621 KB	12. COUNTY OR PARISH Chaves
	13. STATE NM

RECEIVED BY
FEB 20 1987
O.C.D.

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"/>	

(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.) *

5/4/84 Total Depth 6170'; Load hole with mud set 45 sack "C" neat cement plug 6170 to 6000'; T.O.H. to 5900' set 45 sack "C" 2% CC cement plug 5900' to 5745'.

5/5/84 T.O.H. to 4290' set 40 sack "C" neat cement plug 4290' to 4190'; T.O.H. to 1190' set 35 sack "C", 2% CC cement in and out of 8 5/8" casing from 1190' to 1090'; T.O.H. to 50' cemented, to surface, released rig and set dry hole marker.

Well Plugged and abandoned 5/5/84 will allow pits to dry prior to surface restoration.

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

SIGNED Carl Schellinger TITLE Operator DATE April 16, 1984

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
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
DATE
PETER W. CHESTER
FEB 11 1987
BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA