UNIT STATES SUBMIT IN TRIPLIC. (May 1963) DEPARTMENT OF THE INTERIOR (Other instructions on GEOLOGICAL SURVEY	Porm approved, Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO. NM 0199027
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.)	6. IF INDIAN, ALLOTTEE OR TRINE NAME
1. OIL GAS WELL OTHER DRY HOLE 2. NAME OF OPERATOR	7. UNIT AGREEMENT NAME S. FARM OR LEASE NAME
WOLFSON OIL COMPANY 3. ADDRESS OF OPERATOR	AMERADA FEDERAL "A"
3206 REPUBLIC NATIONAL BANK TOWER, DALLAS, TEXAS 4. Location of Well (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface	10. FIELD AND POOL, OR WILDCAT DOUBLE L 11. SEC., T., R., M., OR BLK. AND
2310 FS & EL 14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)	SEC. 6-T15S-R29E 12. COUNTY OR PARISH 13. STATE
26. 22 Michael 27, 11, 61, 62.	CHAVES NEW MEXIC
16. Check Appropriate Box To Indicate Nature of Notice, Report, or C	Other Data
NOTICE OF INTENTION TO:	ENT REPORT OF:
TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other) PULL OR ALTER CASING MULTIPLE COMPLETE ABANDON* SHOOTING OR ACIDIZING (Other) WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING (Other) (Other) (Other) (Note: Report results Completion or Recompletion of Recompletion or Recompletion of Recompletion o	REPAIRING WELL ALTERING CASING ABANDONMENT* of multiple completion on Well etion Report and Log form.)
proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical nent to this work.)* REACHED A TOTAL DEPTH OF 2021 ON 2/19/71, AND SEC	
STRUCTIONS TO PLUG AND ABANDON THIS TEST AS FOLLOW	그는 사람들이 사람들이 되었다.
35 SACK PLUG 2021' - 1921' (TOTAL DEPTH)	
35 SACK PLUG 1100' - 1000' (BASE OF SALT)	
35 SACK PLUG 435' - 335' (TOP OF SALT)	
10 SACK PLUG AT SURFACE.	
LOCATION WILL BE CLEANED AND A DRY HOLE MARKER ERE	CTED
r.	EB26 1971
	Se in the
18. I hereby certify that the foregoing is true and correct SIGNED AGENT	DATE 2/24/71
(This spare for Fileral or State office use) APPROVED:	DATE
CONTRICAS OF APPROVAL, IF ANY:	1 44 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

*See Instructions on Reverse Side