

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRI-COLOR
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM-28001

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Sarilyn Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Undesignated *Subsidence Qn.*11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 23-T15S-R29E

12. COUNTY OR PARISH

Chaves

13. STATE

NM

1. OIL ☐ GAS ☐ OTHER ☒ Dry Hole

2. NAME OF OPERATOR

Natura Energy Corporation ✓

3. ADDRESS OF OPERATOR

Gihls Tower West, Suite 500, Midland, Texas 79701

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

1650' FEL & 330' FSL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3935' G.L.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐(Other) ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON* ☒CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) ☐REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT* ☐(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.)*

12/30/80: Drilled to a TD of 1965'. Pursuant to verbal instructions from
Mr. George Stewart, the test will be plugged and abandoned as follows:

Heavy mud between all plugs.

100' plug at TD 1865-1965'.

100' plug at 1110-1210' (Base of salt).

150' plug at 300-450' (Top of salt and base of 8-5/8" casing).

10 sx plug at surface.

Install dry hole marker and restore surface.

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

SIGNED

TITLE

Agent

DATE 12/30/80

(This space for Federal or State office use)

(Orig. Sgd.) PETER W. CHESTER

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY

MAR 10 1981

JAMES A. GILHAM
DISTRICT SUPERVISOR

See Instructions on Reverse Side