

Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

N.M. 29279 0557370

8. IF INDIAN, ALLOTTEE OR TRIBE NAME BY

MAR 28 1986

O. C. D.

ARTESIA, OFFICE

Harbold

9. WELL NO.

13

10. FIELD AND POOL, OR WILDCAT

Emp - Y-SR

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

35-175-R27E

1. OIL WELL ☐ GAS WELL ☐ OTHER ☒ Dry Hole

2. NAME OF OPERATOR

Owen Haynes

3. ADDRESS OF OPERATOR

805 W. Missouri Artesia, N.M.

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*

See also space 17 below.)  
At surface

2310 FNL 660 F W L S

14. PERMIT NO.

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

3604

12. COUNTY OR PARISH

13. STATE

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON\*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT\*

(Other)

(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.)

We circulated cement from bottom to top with sixty sx. class cement.  
Set regulation marker.

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

SIGNED

TITLE operator

DATE 11-15-85

(This space for Federal or State office use)

APPROVED BY

TITLE

AREA MANAGER

DATE

3-25-86

CONDITIONS OF APPROVAL, IF ANY:

Post ID- 2  
3-28-86  
PVA

\*See Instructions on Reverse Side