

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

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 type="checkbox"/> OTHER <input type="checkbox"/> | 7. UNIT AGREEMENT NAME |
| 2. NAME OF OPERATOR Gordon M. Cone | 8. FARM OR LEASE NAME Gibson Federal |
| 3. ADDRESS OF OPERATOR P.O. Box 1148, Lovington, New Mexico | 9. WELL NO. 3 |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660 feet from South line and 660 feet from West line | 10. FIELD AND POOL, OR WILDCAT m Wildcat |
| 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 13-168-28E | 12. COUNTY OR PARISH Eddy |
| 13. STATE New Mexico | |

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3614' Ground level

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"/> | (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.)*

On October 27, 1964, we plugged this well as follows:

1300 feet to 1250 feet 20 sacks of cement
380 feet to 320 feet 20 sacks of cement
130 feet to 70 feet 20 sacks of cement
10 sacks of cement at the surface and Jel mud between all plugs.
We have moved off, cleaned up location and erected dry hole marker.

RECEIVED

NOV 6 1964

O. C. C.
ARTESIA OFFICE

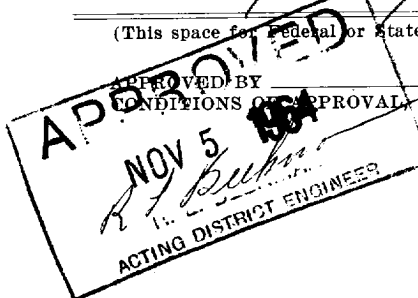
18. I hereby certify that the foregoing is true and correct

SIGNED Nancy King TITLE Agent DATE 10-27-64

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:



*See Instructions on Reverse Side