

N. M. O. C. C. COPY  
UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>Dry Hole</u>		5. LEASE DESIGNATION AND SERIAL NO. <u>NM 020711</u>	
2. NAME OF OPERATOR <u>Socony Mobil Oil Company, Inc.</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR <u>Box 1800, Hobbs, New Mexico</u>		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) <u>At surface</u>  <u>1980' FW&amp;SL of Sec.</u> <u>Unit "K" NE/4 SW/4</u>		8. FARM OR LEASE NAME <u>Federal "U"</u>	
14. PERMIT NO.		9. WELL NO. <u>1</u>	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>3773 GR</u>		10. FIELD AND POOL, OR WILDCAT <u>Wildcat</u>	
12. COUNTY OR PARISH <u>Eddy</u>		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>9 17S 24E</u>	
13. STATE <u>New Mexico</u>			

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <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.) \*

TD 8200'

Propose to Plug and Abandoned. Spotted 250 sx cement from 7770' to 1850'. Then spotted 25 sx. in top of 9 5/8" casing. Install State marker. Verbal approval was obtained from Mr. Jim Knauf, 3-20-65.

**PLUGS**

7770 - 7610  
6750 - 6600  
4750 - 4610  
3700 - 3550  
2000 - 1850

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

SIGNED McNamee TITLE Group Supervisor

DATE 3-24-65

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

**APPROVED**

MAR 27 1965

RUDOLPH C. BAIER, JR.  
ACTING DISTRICT ENGINEER

\*See Instructions on Reverse Side

**RECEIVED**

APR 8 1965

O. C. C.  
ARTESIA, OFFICE