

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TR (CATE*
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verse side) on re

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	<div>RECEIVED BY JUL 21 1986 O. C. D. ARTESIA OFFICE</div>	5. LEASE DESIGNATION AND SERIAL NO. LC 067849
2. NAME OF OPERATOR Owen Haynes		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 805 W. Missouri, Artesia, N.M.		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 980 FN & 990 FW NW 1/4 of NW 1/4 S 35 17S R 27 E		8. FARM OR LEASE NAME
14. PERMIT NO.	15. ELEVATIONS (Show whether DV, RT, GR, etc.)	9. WELL NO. Malco # 1
		10. FIELD AND POOL, OR WILDCAT S Red Lake
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 35-175-27E
		12. COUNTY OR PARISH Eddy
		13. STATE N.M.

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 checked="" 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.) *

We wish to plug and abandon. Production string was set on top of zone and circulated with 55 sx cement. Pipr was set at 397'. We wish to plug back with dump bailor to 385 - then finish filling pipe with cement to surface and set regulation marker.

I hereby certify that the foregoing is true and correct

SIGNED Owen Haynes TITLE operator

DATE 7/7/86

(This space for use by State or local agency)

APPROVED BY John H. Hanger
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

7-16-86

*See Instructions on Reverse Side