

UNITED STATES
DEPARTMENT OF THE INTERIOR

SUBMIT IN THE MANNER
(Other instructions on re-verse side)

Form approved.
Budget Bureau No. 42-R1424.

GEOLOGICAL SURVEY

5. LEASE DESIGNATION AND SERIAL NO.

NM 12408

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Manzano Federal

9. WELL NO.

#1

10. FIELD AND POOL, OR WILDCAT

Henshaw-Grayburg West

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

Sec. 5, T16S, R30E

12. COUNTY OR PARISH

Eddy

13. STATE
N.M.

1. OIL WELL ☒ GAS WELL ☐ OTHER

2. NAME OF OPERATOR

PETROLEUM DEVELOPMENT CORPORATION

3. ADDRESS OF OPERATOR

9720-B Candelaria, N.E., Albuquerque, N.M., 87112

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

See also space 17 below.)

At surface

3,214' FNL, 1,835' FEL

14. PERMIT NO.

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

3,796.7 GR

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.)*

TD - 2,755'

Perf. 4½" casing @ 640' to circulate cement.

DV Tool @ 1,209'.

Perf. 4½" casing @ 2,619' to squeeze water flow.

1. Set 10 sack plug: 2,650' - 2,500'.

2. Set 10 sack plug: 1,250' - 1,100'.

3. Set 10 sack plug: 700' - 550'.

4. Set 5 sack plug: at surface.

5. Install dry-hole marker.

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

SIGNED

J. C. Johnson
J. C. Johnson

TITLE

President

DATE

January 6, 1982

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

JAN 12 1982

FOR

JAMES A. GILLHAM
DISTRICT SUPERVISOR

SEE ATTACHED FOR

CONDITIONS OF APPROVAL

*See Instructions on Reverse Side