



UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TR
(Other instructions
verse side)

CATE*
on re-

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

C/SF

5. LEASE DESIGNATION AND SERIAL NO.

NM 15664

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal EF

9. WELL NO.

3

10. FIELD AND POOL, OR WILDCAT

Eagle Creek SA

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

Unit A, Sec. 31-T17S-R25E

12. COUNTY OR PARISH 13. STATE

Eddy

NM

14. PERMIT NO.

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

3617' 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 COMPLETION

ABANDON*

CHANGE PLANS

X

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.)*

Production has declined below economic limit and as there is no apparent indication of workover economics, we propose to plug and abandon well as follows:

1. Rig up unit and pull sucker rods and pump.
2. Swab tubing.
3. Pull tubing.
4. Dump Ready-Mix cement, with controlled flow to prevent bridging, until casing is full.
5. Weld marker to casing.
6. Grade and level location, cut all anchors below ground level and haul away all equipment.

Will notify BLM, Carlsbad, prior to beginning any of the above operations.

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

SIGNED

Janita Goodlett

TITLE Production Supervisor

DATE 11-1-84

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE 1-4-85

*See Instructions on Reverse Side