

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN _____
(Other Instru _____)
LICATE _____
s on re _____

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

5. LEASE DESIGNATION AND SERIAL NO.

LC-067849

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Hegwer

9. WELL NO.

#1

10. FIELD AND POOL, OR WILDCAT

Empire Yates Seven River

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

Sec. 35 T-17-S., R-27-E.

12. COUNTY OR PARISH 13. STATE

Eddy

NM

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.)

OCT 11 3 37 PM '88

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

George A. Denton

3. ADDRESS OF OPERATOR

P.O. Box 1252, Artesia, New Mexico 88210

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

See also space 17 below.)

At surface

360' FNL & 990' FWL

RECEIVED

OCT 19 '88

O. C. D.

ARTESIA, OFFICE

14. PERMIT NO.

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

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANS

(Other)

(Other)

plug & Abandon X

(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.)*

Propose to plug and abandon the above captioned well in the following manner:

Procedure: Pump 40 sx. Class C cement to completely fill 4 1/2" casing from PBTd of 407' to Surface.

BLM will be notified prior to all work.

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

SIGNED

TITLE Operator

DATE 10-11-88

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE 10-18-88

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side