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N. M. O. G. O. COPY

Form 9-331
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.
LC 029342 A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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.)

RECEIVED

1. OIL WELL ☐ GAS WELL ☐ OTHER Dry Hole

FEB 5 1975

2. NAME OF OPERATOR
Franklin, Aston & Fair, Inc.

3. ADDRESS OF OPERATOR
P. O. Box 1090, Roswell, New Mexico 88201

O. C. C.
ARTESIA, OFFICE

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface
1750' FWL & 890' FSL

7. UNIT AGREEMENT NAME
Loco Hills Morrow

8. FARM OR LEASE NAME
Woolley

9. WELL NO.
2

10. FIELD AND POOL, OR WILDCAT
South Loco Hills Morrow

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 21-T17S-R30E, N.M.P.M.

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3627 GR

12. COUNTY OR PARISH
Eddy

13. STATE
New Mexico

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 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.)*

On August 1, 1974, this well was plugged and abandoned as follows:

- 50 sack cement plug 10,800-10,650' at top of Morrow formation.
- 50 sack cement plug 9,225- 9,075' at top of Canyon formation.
- 50 sack cement plug 8,000 -7,850' at top of Wolfcamp formation.
- 50 sack cement plug 6,875 -6,725' at top of Abo formation.
- 50 sack cement plug 4,600 -4,450' at top of Glorietta formation.
- 50 sack cement plug 3,650 -3,500' in and out base of 8 5/8" casing.
- 10 foot cement plug with marker at surface.

Cementing work done by Halliburton with Type H neat cement.

RECEIVED

AUG - 7 1974

U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED Grant M. Smith

TITLE Geologist

DATE August 1, 1974

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side