(November 1983)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE* (Other instructions on reverse side)

Drawer DD
Artesia, NM 88210

Expires August 31, 1985

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.)

1. OIL WELL ☐ GAS WELL ☐ OTHER Disposal Well

7. UNIT AGREEMENT NAME
Wooley Federal #1

2. NAME OF OPERATOR
Double "I", Inc.

8. FARM OR LEASE NAME
Wooley Federal #1

3. ADDRESS OF OPERATOR
P. O. Box 98, Loco Hills, New Mexico 88255

9. WELL NO.
1

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface
Unit "M", Sec. 21, T-17-S, R-30-E, Eddy County, N. M.
660 FSL & 660 FWL

10. FIELD AND POOL, OR WILDCAT
Loco Hills Abo

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Unit "M", Sec. 21, T-17-S, R-30-E, Eddy County, N.M.

14. PERMIT NO.

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

12. COUNTY OR PARISH
Eddy

13. STATE
N. M.

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	X	ABANDONMENT*	☐
REPAIR WELL	☐	CHANGE PLANS	☐	(Other)			
(Other)				(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.) *

10-10-85, well was acidized, and put back to disposal.

RECEIVED BY
DEC 19 1985
O. C. D.
ARTESIA, OFFICE

ACCEPTED FOR RECORD
DEC 18 1985
CARLSBAD, NEW MEXICO

Post ID-2
12-27-85
conv. from oil prod. bbl to SWD

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

SIGNED Peggy L. Bell TITLE Office Manager DATE 12-10-85

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

Subject to Like Approval by State

*See Instructions on Reverse Side