

OIL CONSERVATION DIVISION
P. O. BOX 3846
SANTA FE, NEW MEXICO

Form OCM-1
Revised 11/77

DATE RECEIVED	
TERMINATION	
INDEXED	<input checked="" type="checkbox"/>
FILED	<input checked="" type="checkbox"/>
CLASSIFIED	
LAND OFFICE	
OPERATOR	<input checked="" type="checkbox"/>

RECEIVED

DEC 09 '87

SUMMARY NOTICES AND REPORTS ON WELLS

O. C. D.
SANTA FE, OFFICE

Well No. [X]
V734
Cal-Mon State
1
Grayburg Jackson
Sr-Q-Gb-SA
Eddy

NAME OF OPERATOR
 Fred Pool Drilling, Inc. ✓
P.O. Box 1393, Roswell, N.M. 88201
LOCATION OF WELL
TWP. 660 South R. 660
S. 36 E. 17S 30E
3601'

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

NATURE OF INTENTION TO:		SUBSEQUENT REPORT ON:	
<input type="checkbox"/> FITTING REMEDIAL WORK	<input checked="" type="checkbox"/> PLUG AND ABANDON	<input type="checkbox"/> RENEWAL WORK	<input type="checkbox"/> ALTERING CASINGS
<input type="checkbox"/> TEMPORARILY ABANDON	<input type="checkbox"/> CHANGE PLUGS	<input type="checkbox"/> COMPLETION DRILLING WORK	<input checked="" type="checkbox"/> PLUG AND ABANDONMENT
<input type="checkbox"/> FULL OR ALTER CASING	<input type="checkbox"/> OTHER	<input type="checkbox"/> CASING TEST AND CEMENT JOBS	<input type="checkbox"/> OTHER

1. Describe Proposed or Completed Operations (clearly state all pertinent details, and give pertinent dates, including estimated date of starting any major work) SEE TABLE 1100.

- Intention to Plug and Abandon well as follows:
1. Set CIBP at 3125' with 35' cement cap.
 2. Load hole with mud.
 3. Place 25 sx cement across top of Grayburg formation at 3022'.
 4. 25 sx cement across top of Queen formation at 2644'.
 5. 25 sx cement across base of salt section at 1470'.
 6. 25 sx cement across 8 5/8" casing shoe at 350'.
 7. 10 sx plug at surface.
 8. Install dry hole marker and clean location.

I, Thereby certify that the information above is true and accurate to the best of my knowledge and belief.

SIGNED: Fred Pool TITLE: Engineer DATE: 12-8-87

Original Signed By
Mike Williams

NOV 04 1988

APPROVED BY: _____ DATE: _____
CONDITIONS OF APPROVAL, IF ANY: _____