

C. C. CONSERVATION DIVISION
P. O. BOX 2292
SANTA FE, NEW MEXICO 87501

Form C-1-1
Revised 12-1-78

NAME OF OPERATOR	
DATE OF NOTICE	
SANTA FE	
PLUG	
USGS	
LAND OFFICE	
OPERATOR	

1. Date of Notice	2. Date of Report
3. State 24 Well #1	
4. Name of Operator	
5. Name of Leaseholder	
6. Well No.	
7. Field and Range of Well	
8. Elevation (show whether D.P., R.F., G.R., etc.)	
9. Casing	
10. Eddy	

SUNDRY NOTICES AND REPORTS ON WELLS

DO NOT USE THIS FORM FOR A WELL WHICH IS TO BE PLUGGED OR A DIFFERENT WELL-POINT.
THE INFORMATION IS A REQUIREMENT FOR A WELL-POINT FOR A CHANGE NAME.

OIL WELL ☐ GAS WELL ☐ OTHER: Brine Well

Name of Operator

P. F. Inc.

Address of Operator

P. O. Box 2292, Hobbs, NM 88240

Location of Well

UNIT LETTER _____ FEET FROM THE _____ LINE AND _____ FEET FROM

THE _____ LINE, SECTION 24 TOWNSHIP 18-S RANGE 28-E N.M.P.M.

15. Elevation (show whether D.P., R.F., G.R., etc.)

12. Casing
Eddy

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☒
TEMPORARILY ABANDON ☐
CULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐
OTHER ☐

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☐
OTHER ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐
OTHER ☐

1. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Tubing parted. Rig up pulling unit and prepare to drill back to bottom
Tubing parted at 565' T.D. 660'

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED R. L. Williams

TITLE President

DATE 2-29-82

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY: