

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 43-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

N M 14843

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Travis D Federal

9. WELL NO.

10

10. FIELD AND POOL, OR WILDCAT

Loco Hills

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

18 - 18S - 29E

14. PERMIT NO.

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

3563 DF

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

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

Test Pump

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)*

1. Rig up pulling unit.
2. Go in hole with tubing-set Cast Iron Bridge Plug and set at approximately 2900'.
3. Run 2-3/8" tubing with SNOE @ approximately 2800'; run bottom-hole pump and rods.
4. Install Wellhead equipment, set pumping unit with gas engine and test tanks.
5. Test pump to evaluate prior to recompleting in Loco Hills Zone.

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

SIGNED

TITLE Area Supervisor

DATE February 13, 1981

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

DATE

FEB 23 1981

DISTRICT SUPERVISOR

*See Instructions on Reverse Side