

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

dsf

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Frank O. Elliott	8. FARM OR LEASE NAME Parcell Federal
3. ADDRESS OF OPERATOR Post Office Box 1355, Roswell, New Mexico 88201	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	10. FIELD AND POOL, OR WILDCAT T. Track-SR-O-GR-SA
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA S31-T18S-R30E
15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH Eddy
	13. STATE NM

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input 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.) *

Plugged well using the following procedures:

2-12-92

Rig up and pull rods and pump. Tally tubing out of the hole. Set CIBP at 2803' and circulate hole with mud laden fluid. Spot 10 sack plug on top of CIBP. Spot 35 sack plug at 2262'.

2-13-92

Tag plug at 2071'. Perforate casing at 1180' and 400' (each set 2' - 8 holes). Set S.V. tool at 1101'. Squeeze 45 sacks through S.V. tool. Spot 10 sacks on top of S.V. tool. TOC at 1050'. Lay down 23 stands. Circulate 27 bbls. up back of 7" and 8 5/8". Spot 100 sacks. Circulate 15 sacks to pit. Tag plug at 270'. Spot 10 sack plug at 60'. Set surface plug.

BLM representative Kathy Queen on location to witness procedures.

8-05-92

Location cleaned and finalized.

Approved _____
Liability _____
surface restoration _____

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

SIGNED Rebecca J. Olson TITLE Agent DATE 8-10-92

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 8/10/92

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side