

N. M. G. C. G. COPY
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Date approved: _____
Bureau Order No. 42 R1421
5. LEASE DESIGNATION AND SERIAL NO.

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 2. NAME OF OPERATOR Midwest Oil Corporation 3. ADDRESS OF OPERATOR 1500 Wilco Bldg., Midland, Texas 79701 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FNL & 1980' FEL, Sec. 28, T-18-S, R-24-E 14. PERMIT NO. _____	6. WELL NO. _____ 7. FIELD AND FLOW, OR WILDCAT Undesignated 11. SEC., T., R., S., OR BLK. AND SURVEY OR AREA Sec. 28, T-18-S, R-24-E 12. COUNTY OR PARISH, ID. STATE Eddy New Mexico
15. ELEVATIONS (Show whether ft., m., etc.) 3783.5 Gr.	

16. 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 ☐	RECOMPLETION WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐	FRACTURE TREATMENT ☐	ABANDONING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	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.)*

1-26-71: TD-390', Filled hole with cuttings. Spotted 4 sacks cement surface plug and erected dry hole marker.

Note: No fluid entered hole while drilling to TD with cable tools.

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

SIGNED _____ TITLE Engineer DATE 2-18-71

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side