

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 045274

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Foster Ranch

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Wildcat - T-20S

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

Sec. 22, T-20S, R-24E

12. COUNTY OR PARISH

Eddy

13. STATE

N.M.

1. OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

Orla Petco, Inc.

3. ADDRESS OF OPERATOR

P. O. Box 1383, Midland, TX 79702

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)

At surface

1980 FWL & 660 FSL of Section 22

14. PERMIT NO.

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

3701 Ground Elevation

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

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.)*

TD - 3340'

8/28/86 PLUGGED AND ABANDONED WITH FOLLOWING PLUGS:

Plug #1 35 sx 3250' - 3150'

Plug #2 35 sx 1130' - 1030' (tagged)

Plug #3 15 sx 50' - surface

Rig released @ 10:00 P.M., 8/28/86

ACCEPTED FOR RECORD

MAR 30 1987

CARLSBAD, NEW MEXICO



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

SIGNED Betty K. Andell

TITLE Agent

DATE 9/8/86

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE 3-31-87