

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
NM OIL CONS. COMMISSION
Drawn to SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Bucket Barren No. 104-
Expires August 31, 1985
5. LEASE DESIGNATION AND SERIAL NO. *C/SF*
NM 00119
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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--")

OIL WELL ☐ GAS WELL ☐ OTHER ☒ WATER DISPOSAL WELL		RECEIVED BY JUL 21 1986 O. C. D. BESID OFFICE	7. UNIT AGREEMENT NAME				
2. NAME OF OPERATOR <i>GEORGE D. RIGGS</i>			8. FARM OR LEASE NAME <i>WELCH - FEDERAL</i>				
3. ADDRESS OF OPERATOR <i>P.O. BOX 116, CARLSBAD, N.M.</i>			9. WELL NO. <i>5</i>				
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <i>T21S, R27E N.M.P.M.</i> <i>SEC 5</i> <i>1650 FT FROM THE SOUTH LINE & 1650 FT FROM EAST LINE</i>			10. FIELD AND POOL OR WILDCAT <i>CEDAR HILLS</i>				
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <i>5, 21S-27E N.M.P.M.</i>		12. COUNTY OR PARISH		13. STATE <i>EDDY N.M.</i>	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <i>3270' GROUND</i>							

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 COMPLETION ☐
SHOOT OR ACIDIZE ☐ ABANDON* ☐
REPAIR WELL ☐ CHANGE PLANS ☐

(Other) *PLUG*

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐ REPAIRING WELL ☐
FRACTURE TREATMENT ☐ ALTERING CASING ☐
SHOOTING OR ACIDIZING ☐ ABANDONMENT* ☐

(Other)

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE (if closed or completed operations) (Check and 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.)

SURFACE

*TUBING BROKEN
OFF AT 80'*

*INTEND TO PLUG THIS WELL WITH THE TUBING IN PLACE, BY
SHUTTING OFF FLOW AT THE BOTTOM WITH GRAVEL AND FLOW CHECK.
TUBING THEN PERFORATED AT 50 FOOT INTERVALS AND CEMENT PUMPED
THROUGH 1" PIPE INSIDE THE TUBING UNTIL CASING AND TUBING
ARE COMPLETELY FILLED WITH CEMENT.*

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

SIGNED *George D. Riggs*

TITLE *Operator*

DATE *07-07-86*

(This space for Federal or State office use)

APPROVED BY *Geo. D. Riggs*

TITLE

DATE *7-14-86*

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side