

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE
(Other instructions on reverse side)

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

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	Water Disposal Well	RECEIVED SEP 11 11 33 AM '90	5. LEASE DESIGNATION AND SERIAL NO NM 00019
2. NAME OF OPERATOR George D. Riggs		SEP 13 '90	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 116 Carlsbad, NM 88221 G.D.			UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State regulations. See also space 17 below.) At surface 1650/S & 1650/E		ARTESIA OFFICE	8. FARM OR LEASE NAME Welch Federal
			9. WELL NO. 5
			10. FIELD AND POOL, OR WILDCAT Cedar Hills
			11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 5-T21S-R27E, NMPM
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3270' GL		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 COMPLETE <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"/>	

(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.) *

The above well was plugged and abandoned in the following manner, using Halliburton:

518' of 5 1/2" Casing was left in hole, with holes @ 100', 242', & 330'. 3" Tubing was cut off at 536' and 2 3/8" tubing was run in the hole to place cement. 3 sx. 20-40 sand and 10 BBLs Gel with 2 sx. Multi Seal were pumped to seal formation, followed by 100 sx. Premem Plus 3 % CaCl with 1/2# Flocele per sx. Pressured to 300#s, and waited 2 hrs. Tagged cement at 430'. Placed 3 sx. sd. followed by 35 sx. PP, 3% CaCl, and waited 1 1/2 hrs. Tagged cement at 150'. Placed 35 sx. PP, 3% CaCl, and circulated to surface; cement fell back while waiting 1 1/2 hrs. Placed loss circulation material and 30 sx PP, 3% CaCl, and circulated cement to surface; cement held. PLACED SURFACE MARKER.

P & A, 1-9-90, witnessed by Mr. Robinson of the NMOCD.

Site has been cleaned and is ready for abandonment inspection.

Post ID-2
9-21-90
P & A

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

SIGNED <u>Geo D Riggs</u>	TITLE <u>Operator</u>	DATE <u>09-06-90</u>
(This space for Federal or State office use)		
APPROVED BY <u>One State or Federal official</u>	TITLE <u>Person</u>	DATE <u>9-11-90</u>
CONDITIONS OF APPROVAL, IF ANY:		

Approved as to plugging of the well bore.
Liability under bond is removed until
surface restoration is completed.

*See Instructions on Reverse Side