

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

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

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.  
**NM05110-B**

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
**Riggs**

9. WELL NO.  
**3**

10. FIELD AND POOL, OR WILDCAT  
**W. McMillan S.R. Qn.**

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
**Sec. 12-20S-26E  
Unit K NMPM**

12. COUNTY OR PARISH  
**Eddy**

13. STATE  
**NM**

**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 **T & A**

2. NAME OF OPERATOR  
**S. P. Yates**

3. ADDRESS OF OPERATOR  
**207 So. 4th Street - Artesia, NM 88210**

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\* See also space 17 below.)  
At surface  
**2310' FSL & 2300' FWL - Section 12-20S-26E**

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, CR, etc.)  
**3294' 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 <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 checked="" type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <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.)\*

**TD 668' - Verbal approval was given by Mr. R.L. Beekman, USGS Engineer, to plug well as follows: Hole will be bailed dry and filled with 3/4 yards of Ready-Mix cement. A 10' plug will be set at surface with dry hole marker.**

**Location will be cleaned and you will be notified when location is ready for inspection**

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

SIGNED *E. J. Joy* TITLE Supt. DATE 3-21-73

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

**APPROVED**  
 MAR 21 1973  
*R. L. Beekman*  
 R. L. BEEKMAN  
 DISTRICT ENGINEER

\*See Instructions on Reverse Side