

Form 100-1
(New Edition)
Class of 100-1

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other Instructions on reverse side)

Form approved
Bureau Bureau No. 100-1-01
Expires August 31, 1983

clsf

5. LEASE DESIGNATION AND SERIAL NO.

NM-04219

6. IF UNDER ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Anderson Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

McMillan, SR, Qn, West

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

11-20S-26E

12. COUNTY OR PARISH 13. STATE

Eddy

N.M.

RECEIVED

JAN 12 '90

McMILLAN, QN, WEST

1. NAME OF OPERATOR

Yates Drilling Company ✓

2. ADDRESS OF OPERATOR

105 South 4th St., Artesia, N.M. 88210

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

At surface

2080' FSL & 1700' FEL

14. PERMIT NO.

15. ELEVATION (Show whether FE, RT, GR, etc.)

3276' GR

16. Check Appropriate Box Including Nature of Major Repair, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PUMP OR ALTER CASING

MULTIPLE COMPLETION

ABANDON*

CHANGE PLANS

X

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 WORK COMPLETELY HERE. (Identify 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.)

We propose to Plug and Abandon well, as follows:

Notify BLM

Circulate 7" casing w/ Class "C" cement from TD @546'

Erect surface marker.

Remove surface equipment.

Level and clean surface location.

RECEIVED

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

SIGNED

TITLE

Engineer

DATE

1-8-90

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

1-11-90

*See Instructions on Reverse Side