

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

0554758

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Gates Federal

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

Wildcat

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

Sec 12, T-21-S, R-24-E

12. COUNTY OR PARISH
Eddy

13. STATE
New Mexico

1. OIL WELL ☐ GAS WELL ☒ OTHER Dry Hole

2. NAME OF OPERATOR

David Fasken ✓

3. ADDRESS OF OPERATOR

608 First National Bank Building, Midland, Texas 79701

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

330' FEL & 2310' FSL

RECEIVED

APR 28 1975

14. PERMIT NO.

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

3511' G.L. C.C.C.

ARTESIA, OFFICE

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.)*

- (1) 12-18-74 - T.D. 1245' in lime.
- (2) 12-19-74 - Set 20" conductor pipe at 14' below ground level with 6' above ground - cemented with 5 sxs.
- (3) 12-20-74 - Abandoned by "Quit Claim" to B.L.M. for use as water well.

RECEIVED
APR 25 1975
U.S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED

TITLE

Agent

DATE

4-23-75

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: