

N. M. O. C. C. COPY  
UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRII  
(Other instruction  
verse side)

Copy to SF

Form approved  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM-0554955

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

West Airport *Unit* ~~Fed. Com.~~

9. WELL NO.

10. FIELD AND POOL, OR WILDCAT

*W.C. Delaware*  
*Undesignated*11. SEC., T., R., M., OR BLE. AND  
SURVEY OR AREA

Sec. 29, T-22-S, R-26-E

12. COUNTY OR PARISH 13. STATE

Eddy N.M.

1. OIL WELL ☒ GAS WELL ☐ OTHER

2. NAME OF OPERATOR

C &amp; K Petroleum, Inc.

3. ADDRESS OF OPERATOR

600 C & K Petroleum Bldg., Midland, Texas *O. C. C. ARTESIA OFFICE*4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface

2250' FN &amp; 998' FE Lines, Sec. 29, T-22-S, R-26-E

14. PERMIT NO.

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

13.

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

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

SUBSEQUENT REPORT OF:

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.)\*

We propose to plug and abandon this well as follows:

Plug #1 - 35 sx cement plug 4167-4011  
Shoot off 7" casing @ 2395'

Plug #2 - 75 sx cement plug 2330-2250

Plug #3 - 15 sx cement plug 15'-surface

RECEIVED

MAR 24 1976

U. S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO

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

SIGNED

TITLE Administrative Supervisor

DATE 3-23-76

(This space for Federal or State office use)

APPROVED BY

TITLE

ACTING DISTRICT ENGINEER

DATE JAN 11 1977

CONDITIONS OF APPROVAL, IF ANY: