

UNITED STATES

SUBMIT IN TRIPLI
(Other instructions on re-
verse side)Budget Bureau No. 1004-0135
Expires August 31, 1985

RECEIVED BY

DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

JAN 30 1985

DNDRY 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.)

5. LEASE DESIGNATION AND SERIAL NO.

NM-20958

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Poche Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Wildcat

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

Sec. 11-24S-29E

12. COUNTY OR PARISH 13. STATE

Eddy

New Mexico

14. PERMIT NO.

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

3084' GR

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

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FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

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☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

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REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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(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 on July 21, 1984 in the following manner.

Cut casing (5 1/2")

4350-4465' w/50 sx Cl C - Stub, Tag

3075-3230' w/50 sx Cl C shoe, Tag

580- 680' w/30 sx Cl C shoe

0- 50' w/10 sx Cl C

Post ID-2
9-7-84
PFA

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

SIGNED Melvin KnipplingTITLE Unit HeadDATE August 30, 1984

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side