

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPlicate\*  
(Other instructions on reverse side)Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM-031963

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

NONE

7. UNIT AGREEMENT NAME

NONE

8. FARM OR LEASE NAME

M. M. Stewart Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Undesignated Delaware

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

Sec. 4, T-24-S, R-31-E

12. COUNTY OR PARISH

Eddy

13. STATE

N. M.

## 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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	2. NAME OF OPERATOR TEXACO Inc.
3. ADDRESS OF OPERATOR P. O. Box 728 - Hobbs, New Mexico	4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Well located 660' from the North Line, and 660' from the East Line of Section 4, T-24-S, R-31-E, Eddy County, N. M.
14. PERMIT NO. Regular	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3435' (D. F.)

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.)\*

We propose to plug and abandon subject well as follows:

1. 7 5/8" O. D. Casing was cemented at 566', none to be recovered.
2. 25 Sx. Cement Plug 4275' to 4400'.
3. 25 Sx. Cement Plug 3525' to 3700'.
4. 50 Sx. Cement Plug 2650' to 2900'.

RECEIVED 25 Sx. Cement Plug 525' to 650'. (CIBP at 525')

6. 25 Sx. Cement Plug 400' to 525'.

7. 25 Sx. Cement Plug 0' to 125' as surface plug, install 4" marker extending 4' above ground level. Prepare the location for inspection by the United States Department of the Interior Geological Survey representative. Called for verbal approval to plug & abandon, USGS Artesia Office, December 2, 1966.

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

SIGNED

TITLE Assistant District

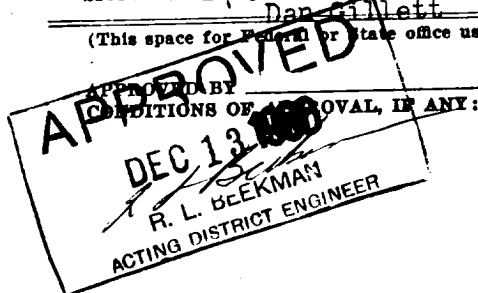
DATE December 12, 1966

(This space for Federal or State office use)

Superintendent

TITLE

DATE



\*See Instructions on Reverse Side