

6 IF INDIAN, ALLOTTEE OR TRIBE - SMI

O. C. D.
ARTESIA, OFFICE

• PATIENT REPORT OF:

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

reclaim location

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. For each point, report the following information: (a) latitude, longitude, and date of pertinent data, including estimated date of starting any pertinent work; (b) name of observer; (c) estimated and true vertical depths for all markers and zones pertinent to the work.

10/2/87 Tag C.I.B.P. @ 3342' - displace hole w/9# mud
Pump 30 sks. Class "C" cmt. across perfs @
3315' - 3357' app. 150' cmt.
Cut 5½" csg. @ 3000' & pull csg.
Trip in hole w/2-7/8" thg.
Pump 30 sks. smt. in & out of csg. stub
Tug cmt. plug O.K. @ 2950' - 3050'
30 sk. plug @ 350' - 450'
50' surface plug
Install dry hole marker
Start reclaiming location

OCT 15 1 54 PM '87
CARLSTADT SOURCE
AREA HEADQUARTERS

RECEIVED

ACCEPTED FOR RECORD

138

SJS

NEW MEXICO

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

610255

L. H. Lincoln

THEORY

Operations Manager

DATE _____

10/12/87

This space for Federal or State office use:

APPENDIX D

• • • • •

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side