

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
Roswell, NM 88210

SUBMIT IN TRIPLICATE (Other instructions on reverse side)
Expires August 31, 1985
LEASE DESIGNATION AND SERIAL

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 ☒ GAS WELL ☐ OTHER ☐
2. NAME OF OPERATOR
3. ADDRESS OF OPERATOR
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface
1,980' FNL and 1,980' FWL
14. PERMIT NO.
15. ELEVATIONS (Show whether DE, RT, GR, etc.)
2,963' GR
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 COMPLETION
ABANDON*
CHANGE PLANS
SUBSEQUENT REPORT OF:
WATER SHUT OFF
FRACTURE TREATMENT
SHOOTING OR ACIDIZING
(OTHER) P & A
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 (Give by 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.)

NM 27193
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
9. WELL NO.
10. FIELD AND POOL OR WILDCAT
11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA
12. COUNTY OR PARISH
13. STATE
Eddy NM

Set bridge plug @ 3,224'
35' of cement on top of plug
Pulled 2,500' of casing (4 1/2" 9.5#)
Set stub plug on open hole over casing - Tagged
Set 100' plug @ 800'
Set 100' plug @ 448' - Tagged
Set 50' surface plug

18. I hereby certify that the foregoing is true and correct
SIGNED BY: MAX WILSON, INC. TITLE Owner DATE 5/14/86
(This space for Federal or State office use)
APPROVED BY: TITLE DATE 10-10-86
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side