

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TR. DATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 0554481

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Tracy Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Undesig. Morrow Gas

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

Sec. 11, T-22-S, R-27-E

12. COUNTY OR PARISH 13. STATE

Eddy

N. Mexico

1. OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

Union Oil Company of California

AUG 1 1974

3. ADDRESS OF OPERATOR

P. O. Box 671 - Midland, Texas 79701

O. C. C.

4. LOCATION OF WELL (Report location clearly and in accordance with any State ~~Antiquities~~ OFFICE
See also space 17 below.)
At surface

1980' FSL & 660' FWL, Sec. 11

14. PERMIT NO.

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

3101.8' 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 COMPLETE

ABANDON*

CHANGE PLANS

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

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.)*

Please cancel the permit to drill this well. After further evaluation, including the drilling rig and casing problems, we have decided not to drill this particular location. Thank you for your consideration in granting the extension of the drilling permit.

Abandon Location

RECEIVED

AUG 2 1974
U.S. GEOLOGICAL SURVEY
AMER. MEXICO

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

SIGNED

J. F. Thompson

TITLE Dist. Operations Manager

DATE July 29, 1974

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

JUL 30 1974
H. L. BEEKMAN
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side