

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 ANTERIA. OFFICE
WELL ☒ WELL ☐ CASE

2. NAME OF OPERATOR
H. E. Prince ✓

3. ADDRESS OF OPERATOR
Box 129, Roswell, New Mexico, 88201

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

330' F.S.L. & 2310' F. W. L.

14. PERMIT NO.
15. ELEVATIONS (Show whether 19, 21, or etc.)
3614 G. R.

7. CONFIDENTIALITY CODE

Federal

8. TYPE OF PLUG BACK

Federal

9. CASE NO.

2

10. NAME AND TITLE OF OPERATOR

Linda San Andres

11. SEC. T. R. H. G. R. R. AND
COUNTY OR AREA

Sec. 33, T6S, R26E

12. COUNTY OR PARISH 13. STATE

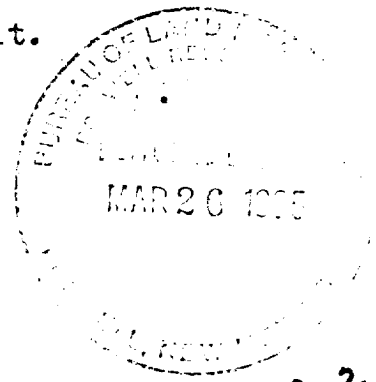
Chaves New Mex.

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF ☐	FULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☒
REPAIR WELL ☐	CHANGE PLANE ☐	(Other) ☐	(Other) ☐

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent data, including estimated date of completion or Recompletion Report and Log form.)
(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

Plugged well as follows:
Ran 2" tubing to 1075' tagged bottom.
Pumped 25 sacks of cement from bottom and tagged top of plug at 785'
inside of 4½" oil string.
Pumped mud from 785' to 150' 9# per gallon.
Tagged mud at 150' and pumped cement to surface inside and outside of 4½
oil string.
Set 4" X 5' marker with legal description welded on it.
Cleaned and removed debris from well site.



Post FD-2
5-24-85
Y+A

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

SIGNED **H. E. Prince** TITLE **Operator** DATE **3/23/85**

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side