16.

N. M. O. C. C. CORY

SUBMIT IN TRIPLIC

DEPARTMENT OF THE INTERIOR (Other instructions verse side)

5. LEASE DESIGNATION AND SERIAL NO.

Chaves

GEOLOGICAL	SURVEY	 ,	 		

SUNDR'	Y NOTICES AND REP	PORTS ON WELLS en or plug back to a different reservoir. "for such proposals.)		(AME
1.			7. UNIT AGREEMENT NAME	
WELL GAS WELL	OTHER		8. FARM OR LEASE NAME	
2. NAME OF OPERATOR		AND THE PROPERTY OF THE STATE OF THE	8. FARM OR LEASE NAME	
H. 3. Prince	J		FEDERAL	
3. ADDRESS OF OPERATOR		(a, t)	9. WELL NO.	1
506 N. Atkins	son, "oswell, New	Marico, 485201 and the	Fed. #3	
4. LOCATION OF WELL (Repor	t location clearly and in accordance	ce with any State requirements.*	IO. FIELD AND POOL, OR WILDCAL	
See also space 17 below.) At surface	*.		LINDA SAN ANDRES	
Unit Letter F	- 2328.91 From	W. Line	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA	
COTO. PLOM O			S.33-T6S-R26E	
14. PERMIT NO.	15. ELEVATIONS (Show	w whether DF, RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE	1
IT, FERMIL NO.	3608 GB		Chaves N.M.	

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

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other) PULL OR ALTER CASING MULTIPLE COMPLETE ABANDON* CHANGE PLANS	WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING (Other) (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.) *

Plug and abandon as follows: Well Depth 1070'

ACTING DISTRICT ENGINEER

3608 GR

Run 15 sacks of cement from 1070 back to888.10
Cut Casing at 814.50' from surface
Run Mud from 888.10 back to 142'
Run 100' cement plug 50' in and 508 out of Surface pipe
Run Mud from 42' back to 10'

Run Cement to surface and set marker

Clean debris from site.



18. I hereby certify that the foregoing is true and correct			2 00 77
	TITLE QUINCA	DATE	3-20-75
(This space for Federal or State office use) RINGVED BY DONDITIONS OF APPROVAL IF ANY:	TITLE:	DATE	

*See Instructions on Reverse Side