

N.M.O.C.R.W.L.

Copy To S.F.

NOTICE OF  
OPERATION  
IN A WELLREPLICATE  
THIS FORM ON RE-  
VERSE SIDE)

## NOTICE OF OPERATION IN A WELL

FOR THE PURPOSE OF DRAVING FROM ONE RESERVOIR OR PLUGGING BACK TO A DIFFERENT RESERVOIR.  
(See Instructions on Reverse Side for such programs.)1. STATE OF OWNERSHIP  
WELL OWNED BY OTHER  
NAME OF OWNER2. STATE OF EXPLORATION  
EXPLORATION PERIOD3. ADDRESS  
1000 ROBBS, N.M. 882434. LOCATE WELL WITH INTEREST LOCATION CLEARLY AND IN ACCORDANCE WITH ANY STATE REQUIREMENTS.\*  
(See State Rule 17 Below.)

ACRES

6. WELL NO.  
S. NAME OF LANDOWNER

7. WELL NO.

8. STATE AND CITY, OR COUNTY

9. STATE, COUNTY, OR AREA

10. FEE &amp; TITLE, See It (Unit J-163432/4)

11. PERMIT NO.

12. ELEVATIONS (Show whether Dr. M., Cn. etc.)

3623 R.D.B.

13. COUNTY OR PARISH 12. PERMIT

14. STATE N.M.

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

## NOTICE OF INTENTION TO:

## SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

PRODUCTION TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

ABANDON OR ACIDISE

ABANDON\*

SHOOTING OR ACIDIZING

ABANDONMENT

REPAIR WELL

CHANGE PLANS

(Other)

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

17. DESCRIPTION OF COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of start of 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.)

In accordance w/ Form 4-381 dated 1-30-64,  
 well plugged back as follows: 40 ft cement  
 top: 360'- 8000'; 6950-6850'; 4900-4800;  
 400-3500; 2250- 2150.

RECEIVED

Elevation exceeded Green completion  
 attempt.

FEB 17 1969  
 U.S. GEOLOGICAL SURVEY  
 ARTESIA, NEW MEXICO

Plugs set as follows: Set 10 5x Cement  
 from C surface and meet Pt A marker.  
 Made final cleanup and restore ground  
 to bottom.

RECEIVED

TD-400' 340" CSA 3207;  
 TD-400' 348" CSA 326

FEB 19 1969

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

1969 SUPERINTENDENT

C.C.C.

PAGE 1 OF 13 1969

SIGNED

TITLE

(This space for Federal or State office use)

APPROVED  
CONDITIONS OF APPROVAL  
BY STATE OR FEDERAL  
AGENCY

TITLE

DATE

FEB 18  
 K.L. BEEKMAN

\*See Instructions on Reverse Side