

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

NM-7814-A
Form approved
Budget Bureau No. 42-R1424.

| | | | |
|---|---|--|-------------------------|
| <p>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. See "APPLICATION FOR PERMIT—" for such proposals.)</p> | | <p>RECEIVED FEB 5 1975 O. C. C. ARTESIA, OFFICE</p> | |
| 1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> | 5. LEASE DESIGNATION AND SERIAL NO. SM 8433 | | |
| 2. NAME OF OPERATOR BLACKROCK OIL COMPANY | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME N/A | | |
| 3. ADDRESS OF OPERATOR 1701 Cotton Flat Road, Midland, Texas 79701 | 7. UNIT AGREEMENT NAME | | |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Unit H, 1980 FNL and 660 FEL | 8. FARM OR LEASE NAME Bates McIntyre Federal | | |
| | 9. WELL NO. 1 | | |
| | 10. FIELD AND POOL, OR WILDCAT Haystack Cisco | | |
| | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 9, T-6-S, R-27-E | | |
| 14. PERMIT NO. | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3973.20 G.L. | 12. COUNTY OR PARISH Chaves | 13. STATE New Mexico |

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

| NOTICE OF INTENTION TO: | | SUBSEQUENT REPORT OF: | |
|--|---|--|--|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> | WATER SHUT-OFF <input type="checkbox"/> | REPAIRING WELL <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | MULTIPLE COMPLETE <input type="checkbox"/> | FRACTURE TREATMENT <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | ABANDON* <input checked="" type="checkbox"/> | SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input checked="" type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | (Other) <input type="checkbox"/> | |

(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.)*

1. Cast Iron Bridge Plug @ 5793' with 35 sx cement on top.
2. Plug #2 - 4300 - 50 sx 4300-4200'.
3. Plug #3 - 1598 - 65 sx
4. Plug #4 - 1250 - 95 sx
5. Plug #5 - Cast Iron Bridge Plug @ 210' with 10 sx. cap
6. Surface - 10 sx.

Install marker on 5-9-74.

RECEIVED

JUN - 8 1974

U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED [Signature] TITLE O. D. Butler, President DATE May 15, 1974

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: