

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

NM OIL CONS. COMMISSION
Drawings SUBMIT IN APPLICATION
(Other instructions on reverse)
Albuquerque, NM 88210

Form approved.
Budget Bureau No. 42-R1424.

SUNDRY NOTICES AND REPORTS ON WELLS		RECEIVED
(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. <div style="display: flex; justify-content: space-between;"><div>OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/></div></div>		5. LEASE DESIGNATION AND SERIAL NO. <div style="text-align: center;">NM 14310</div>
2. NAME OF OPERATOR BILL G. ISLER		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 9720-B Candelaria, N.E., Albuquerque, N.M., 87105		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 2,060' FNL, 1,980' FEL		8. FARM OR LEASE NAME Kelly Jean Federal
		9. WELL NO. 1-Y
		10. FIELD AND POOL, OR WILDCAT Wildcat
		11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA Sec. 15, T6S, R29E
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4,189' GL	12. COUNTY OR PARISH Chaves
		13. 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 <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 type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Production Casing <input checked="" 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.)*

Ran 76 joints (3,130.22') of 4½" 9.5# J55 8R casing. Set at 3,130'. Cemented with 200 sacks 50/50 POZ mix. Plug down at 2:00 P.M. 12/28/81.

WIO: CC

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

SIGNED <u>J. Johnson</u>	TITLE <u>Agent for Bill G. Isler</u>	DATE <u>12/29/81</u>
ACCEPTED FOR RECORD (This space for Federal or State office use) ROGER A. CHAPMAN		
APPROVED BY <u>DEC 31 1981</u>	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY		
U.S. GEOLOGICAL SURVEY ROSWELL, NEW MEXICO		

*See Instructions on Reverse Side