

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

NM OIL CONS. DIV.
ARTESIA, NM 88210

Form approved.
Budget Bureau No. 42-R1424.

C/SF

5. LEASE DESIGNATION AND SERIAL NO.

NM-29610

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Huggins Draw

9. WELL NO.

#2

10. FIELD AND POOL, OR WILDCAT

PECOS SLOPE ABO (GAS)

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 31, T5S, R24E

12. COUNTY OR PARISH
Chaves

13. STATE
N.M.

1.

OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

SANDERS PETROLEUM CORPORATION

3. ADDRESS OF OPERATOR

11000-D Spain Rd. N.E., Albuquerque, N.M. 87111

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

990' FNL & 660' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

4170 GL

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other)

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

Temporarily Abandon ☒

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other)

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

(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.)*

Request administrative approval to Temporarily Abandon. Well not commercial in present gas market. Will retain the fenced pit for possible future testing.

Access road will be repaired, and a series of three water bars with drain ditches will be constructed on the dipping portion of the road. These are now flagged, and construction will begin immediately.

RECEIVED BY

JUL 25 1984

O. C. D.
ARTESIA, OFFICE

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

SIGNED

Charles M. Kander

TITLE President

DATE July 17, 1984

(This space for Federal or State office)

APPROVED

APPROVED BY (Sig. & Id.) PETER W. CHESTER
CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED FOR 12 MONTH PERIOD
ENDING JUL 23 1985

DATE

JUL 23 1984

*See Instructions on Reverse Side