

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

NEW MEXICO
ARTESIA, NM 88210

Form approved.
Budget Bureau No. 42-R1424.

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a new level.
Use "APPLICATION FOR PERMIT--" for such proposals.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR
Sanders Petroleum Corporation

3. ADDRESS OF OPERATOR
7801 Academy Blvd. NE, Albuquerque, N.M. 87109

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface
2050' FNL & 1960' FEL
Sec. 6, T7S, R27E

14. PERMIT NO.
3897 KB

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

5. LEASE DESIGNATION AND SERIAL NO.
NM-1576

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Isler Federal

9. WELL NO.
#3

10. FIELD AND POOL, OR WILDCAT
Wildcat (San Andres)

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 6, T7S, R27E

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:

TEST WATER SHUT-OFF ☐ PULL OR ALTER CASING ☐

FRACTURE TREAT ☐ MULTIPLE COMPLETE ☐

SHOOT OR ACIDIZE ☐ ABANDON* ☐

REPAIR WELL ☐ CHANGE PLANS ☐

(Other) Temporarily Abandon ☒

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐ REPAIRING WELL ☐

FRACTURE TREATMENT ☐ ALTERING CASING ☐

SHOOTING OR ACIDIZING ☐ ABANDONMENT* ☐

(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.) *

Temporarily Abandon, pending availability of water disposal facility.
Well makes average 4 bbls. oil per day, water increased to 50-60 bbls. per day.

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

SIGNED [Signature] TITLE President DATE August 9, 1985

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

APPROVED FOR 12 MONTH PERIOD
ENDING AUG 5 1986

*See Instructions on Reverse Side

