

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TR-  
(Other "Instruct  
verse side)TE-  
re-Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

BLM NM 7601

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Wildcat

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREASE/4 NE/4 Sec. 31  
T24S, R19W

12. COUNTY OR PARISH

Hidalgo

13. STATE

NM

1. OIL ☐ GAS ☐ OTHER Wildcat  
WELL ☐ WELL ☐

2. NAME OF OPERATOR

COCKRELL CORPORATION

3. ADDRESS OF OPERATOR

Suite 999, The Main Bldg., Houston, Texas 77002

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)At surface 1,980' FNL & 660' FEL, Sec. 31, T24S, R19W,  
Hidalgo County, New Mexico

14. PERMIT NO.

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

4230

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 COMPLETION ☒ABANDON\* ☐CHANGE PLANS ☐

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 perti-  
nent to this work.)Plan to plug as follows:  
Cement plugs set as follows:

6,400' - 6,500'	50 sacks
4,900' - 5,000'	50 sacks
3,500' - 3,600'	50 sacks
0' - 50'	25 sacks

Plugging operation completed 9/30/69. Operation approved by telephone  
to Artesia Office of BLM.

RECEIVED

OCT 2 1969

O. P. C.  
ARTESIA OFFICE

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

SIGNED

TITLE Manager of Drilling &amp; Prod.

DATE

10-1-69

(This space for Federal or State office use)

APPROVED

CONTRIBUTOR OF APPROVAL, IF ANY:

TITLE

DATE

\*See Instructions on Reverse Side