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DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

(Other instructions on reverse side)

Budget Award No. 14-1421
5. LEASE DESIGNATION AND SERIAL NO.

LC 028755

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. Use "APPLICATION FOR PERMIT" for such proposals.)

1. ☐ OIL ☐ GAS ☐ WELL ☐ OTHER	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Cities Service Oil Company	8. FARM OR LEASE NAME Russell C
3. ADDRESS OF OPERATOR P. O. Box 1919, Midland, Texas 79702	9. WELL NO. 5
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) As surface 990' PSL & 1650' PBL of Section 35, T-17-S, R-27-E, Eddy County, New Mexico	10. FIELD AND POOL, OR WILDCAT Empire Yates - 7 Rivers
	11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA Sec. 35, T-17-S, R-27-E
15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE Eddy New Mexico

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST OR RE-TEST	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL
ABANDON	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING	ABANDONMENT*
REPAIR WELL	CHANGE PLANS	(Other)	
(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.)*

S.D. 476', Lime. This well was plugged and abandoned in the following manner:

1. MIRU casing puller.
2. RIH with 2-3/8" EUE tubing.
3. Circulated hole with 150 sacks Class C cmt. Circulated 10 sacks to pit.
4. Installed 4" dry hole marker.

RECEIVED

FEB 17 1977

U.S. GEOLOGICAL SURVEY
ALBUQUERQUE, NEW MEXICO

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

SIGNED E. J. [Signature] TITLE Region Oper. Manager DATE 2/15/77

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

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