

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-060581

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

J.T. Caudle Gas Comm.

9. WELL NO.

7

10. FIELD AND POOL, OR WILDCAT

Bagley/Upper Penn Gas

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

Sec 3, T-12-S, R-33-E

12. COUNTY OR PARISH

Lea

13. STATE

NM

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 WELL ☐ GAS WELL ☒ OTHER2. NAME OF OPERATOR
Amerada Hess Corporation3. ADDRESS OF OPERATOR
Drawer "D", Monument, New Mexico 882654. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
1980' from west line and 660' from north line of Sec 3

14. PERMIT NO.

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

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 ☐

T.A. Extension

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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.)*

Plan to: Retest gas zone and if non productive P & A.

Request temporarily abandoned status be extended for 1 year.

NOV 1 1976

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

SIGNED

TITLE Supver., Admin. Services

DATE 9-30-75

(This space for Federal or State office use)

APPROVED BY

TITLE

APPROVED

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

OCT 9 1975
JIM SIMS
DISTRICT ENGINEER