

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPL. CE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.

NM-0-149958

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal 13

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Bough Permo Penn.

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

Sec. 13, T9S, R35E

14. PERMIT NO.

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

GL 4120 KB 4133

12. COUNTY OR PARISH

Lea

13. STATE

NM

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

X

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.)*

It is our intent to plug and abandon the subject well as follows:

1. 50 Sack Plug @ 8072' (Top of Fish)
2. 35 Sack Plug @ 5500'
3. 50 Sack Plug @ 4600'
4. 35 Sack Plug @ 2300'
5. 10 Sacks to Surface

NOTE: Verbal approval to plug and abandon was given by Mr. Brown of U.S.G.S.
July 2, 1977. Operations to begin as soon as unit is available.

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

SIGNED

C. Alan Bump

TITLE Engineer Assistant

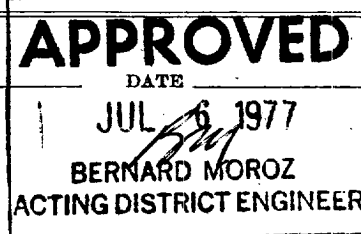
DATE July 5, 1977

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:



*See Instructions on Reverse Side

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JUL 12 1977
GIL CONSTITUTION CODE
HOBBS, N. M.