

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424

5. LEASE DESIGNATION AND SERIAL NO.

NM 0149818

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Wolf Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

VADA PENN

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

Sec. 5, T-9-S, R-35-E

12. COUNTY OR PARISH 13. STATE

Lea N.M.

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

M & G Oil, Inc.

3. ADDRESS OF OPERATOR

P.O. Box 766 Tatum, New Mexico 88267

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

660' FSL and 1980' FEL

Sec. 5, T-9-S, R-35-E

Lea County, New Mexico

14. PERMIT NO.

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

4200 KB

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 ☒

Restore Prod. ☒

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.)*

1. Knock out bridge plug at 9692' depth and clean out to original PBD of 9851'.
2. Install Reda pump and production test well.
3. If economic production is not established then plug and abandon well.



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

SIGNED Wm. J. [Signature]

TITLE Vice President

DATE 5-1-87

(This space for Federal or State use only)

APPROVED BY Inda S. C. [Signature] Acting Area Manager

TITLE _____

DATE 5-14-87

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED
MAY 18 1987
OCB
HOBBS OFFICE