

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions
verse side)

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

NM 045288

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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7. UNIT AGREEMENT NAME

SW 491

8. FARM OR LEASE NAME

Mallard-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 33, T-9-S, R-34-E,
N.M.P.M.**

12. COUNTY OR PARISH

Lea

13. STATE

New Mexico

1. OIL WELL ☐ GAS WELL ☐ OTHER **Dry hole**

2. NAME OF OPERATOR

Allen K. Trobaugh

3. ADDRESS OF OPERATOR

509 First Nat'l Bank Bldg, Midland, Texas 79701

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

2086' FSL & 554' FEL of Section 33,

14. PERMIT NO.

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

4238 GR, 4250 KB (Datum)

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

PULL OR ALTER CASING ☐

FRACTURE TREAT ☐

MULTIPLE COMPLETE ☐

SHOOT OR ACIDIZE ☐

ABANDON* ☐

REPAIR WELL ☐

CHANGE PLANS ☐

(Other) ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

REPAIRING WELL ☐

FRACTURE TREATMENT ☐

ALTERING CASING ☐

SHOOTING OR ACIDIZING ☐

ABANDONMENT* ☒

(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.)*

Drilled 7 7/8" hole from 4075' to 9885'. DST #1: 9770-9885'. Recovered 1490' salt water & 360' drilling mud. Top Bough "C" 9814'.

Plugged as follows:

30 sax	9785-9885'	(Bough "C")
30 sax	7650-7750'	(Abo)
30 sax	5340-5440'	(Glorietta)
30 sax	4025-4125'	(Shoe 8 5/8")
30 sax	2900-3000'	

Released rotary rig 3/6/70. Prep to rig up casing pullers and complete plugging and abandoning.

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

SIGNED

TITLE

Operator

DATE **3/18/70**

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

*See Instructions on Reverse Side

MAY 14 1970

**J. L. GORDON
ACTING DISTRICT ENGINEER**

Instructions

General: This form is designed for submitting proposals to perform certain well operations, and reports of such operations when completed, as indicated, on Federal and Indian lands pursuant to applicable Federal law and regulations, and, if approved or accepted by any State, on all lands in such State, pursuant to applicable State law and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 17: Proposals to abandon a well and subsequent reports of abandonment should include such special information as is required by local Federal and/or State offices. In addition, such proposals and reports should include reasons for the abandonment; data on any former or present productive zones, or other zones with present significant fluid contents not sealed off by cement or otherwise; depths (top and bottom) and method of placement of cement plugs; mud or other material placed below, between and above plugs; amount, size, method of parting of any casing, liner or tubing pulled and the depth to top of any left in the hole; method of closing top of well; and date well site conditioned for final inspection looking to approval of the abandonment.