

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE\*  
(Other instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 42-R1424.

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>   |  | 5. LEASE DESIGNATION AND SERIAL NO.<br><b>LC 069300</b>                          |
| 2. NAME OF OPERATOR<br><b>BLACKROCK OIL COMPANY</b>  |  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME<br><b>N/A</b>                               |
| 3. ADDRESS OF OPERATOR<br><b>1000 V &amp; J Tower, Midland, Tx 79701</b>   |  | 7. UNIT AGREEMENT NAME<br><b>N/A</b>   |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface<br><b>Unit B, 660 FNL &amp; 1980 FEL</b> |  | 8. FARM OR LEASE NAME<br><b>Mobil Atlantic Fed.</b>                              |
| 14. PERMIT NO.<br><b>N/A</b>   |  | 9. WELL NO.<br><b>2</b>  |
| 15. ELEVATIONS (Show whether DE, RT, GR, etc.)<br><b>-4039' C.L.</b>   |  | 10. FIELD AND POOL, OR WILDCAT<br><b>Allison Penn</b>                            |
|  |  | 11. SEC., T., E., M. OR BLK. AND SURVEY OR AREA<br><b>Sec. 10, T-9-S, R-36-E</b> |
|  |  | 12. COUNTY OR PARISH<br><b>Lea</b>   |
|  |  | 13. STATE<br><b>New Mexico</b>   |

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

| NOTICE OF INTENTION TO:  |   | SUBSEQUENT REPORT OF:                          |  |
|--|---|--|--|
| TEST WATER SHUT-OFF <input type="checkbox"/>                     | PULL OR ALTER CASING <input type="checkbox"/> | WATER SHUT-OFF <input type="checkbox"/>        | REPAIRING WELL <input type="checkbox"/>  |
| FRACTURE TREAT <input type="checkbox"/>                          | MULTIPLE COMPLETE <input type="checkbox"/>    | FRACTURE TREATMENT <input type="checkbox"/>    | ALTERING CASING <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/>                        | ABANDON* <input type="checkbox"/>             | SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/>    |
| REPAIR WELL <input type="checkbox"/>                             | CHANGE PLANS <input type="checkbox"/>         | (Other) <input type="checkbox"/>               |  |
| (Other) <b>Set Whipstock</b> <input checked="" type="checkbox"/> |   |  |  |

(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 and 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.)\*

NOTE: April 9, 1971, the 4-1/2" casing collapsed at 6146', subsequent attempts to repair were unsuccessful. The casing above this point was pulled.

1. Plug back old hole and collapsed casing with cement.
2. Plug back with cement to 5850'
3. Set whipstock at 5850' and redrill hole in an indeterminate direction to 9913'.
4. Run 4-1/2" casing to T.D., log, perforate. and complete.

SUB NOTE: Copies of this notice mailed this date to Mobil and Tenneco (offset operators).

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

SIGNED

TITLE

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

**APPROVED**

AUG 18 1971  
ARTHUR R. BROWN  
DISTRICT ENGINEER

DATE

August 17, 1971

DATE