

NEW MEXICO OIL CONSERVATION COMMISSION

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G.S.		
FIELD OFFICE		
OPERATOR		

5a. Indicate Type of Lease	
State ☐	Fee ☒
5. State Oil & Gas Lease No.	
7. Unit Agreement Date	
6. Part of Lease Name Cash	
9. Well No. #2	
10. Field and Field, or Wildcat Flying "M" (SA)	
12. County Lea	

SUNDRY NOTICES AND REPORTS ON WELLS

DO NOT USE THIS FORM FOR ANY OTHER PURPOSE THAN TO REPORT ON A WELL OR TO REPORT ON A DIFFERENT RESERVOIR.
USE THIS FORM FOR REPORTS ON WELLS IN THE STATE OF NEW MEXICO.

OIL WELL ☒	GAS WELL ☐	OTHER ☐
Name of Operator E. L. Latham, Jr. and Roy G. Barton, Jr.		
Address of Operator P.O. Box 1392, Hobbs, New Mexico 88240		
UNIT LETTER H	1839	FEET FROM THE North LINE AND 519 FEET FROM East
LINE, SECTION 30	TOWNSHIP 9S	RANGE 33E

15. Elevation (Show whether DF, RT, GR, etc.)
4364.5 GL

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☒	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOG ☒	

Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

8/28/80 Commenced Drlg.

8/31/80 Cemented 1805' of 8 5/8", 23# Casing with 700 Sx Halliburton Light Cement containing 8 lbs/sk salt and 1/4 lb/sk flocele followed with 200 sacks of Class C containing 1/4 lb/sk flocele and 2% calcium chloride. Circulated; Tested 1000#, 30"; Start Drlg. 9/1/80 after 15 Hrs at 1:15 P.M.

9/6/80 Ran 110 Joints of 4 1/2", 9.5# Casing to 4410' and Cemented with 450 Sk Class C 50-50 Pozmix cement containing 2% gel, 6 lbs. salt, .4% CFT-2 and 1.4 lb. flocele per sack. Tested 1000#, 30"

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED: E. L. Latham, Jr. TITLE: Operator DATE: 9/10/80

REMOVED BY: Jerry Sexton TITLE: Dist. 1. Supv. DATE:

CONDITIONS OF APPROVAL, IF ANY: