

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL  
(Other Instructions  
Use space below)

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM - 57693

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Allison Federal

9. WELL NO.

1

10. FIELD AND POOL OR WILDCAT

Wildcat

11. SEC., T., R., E., OR BLK. AND  
SUBVY OR AREA

Sec. 33, 9S-34E

14. PERMIT NO.

N/A

15. ELEVATION (Show whether DY, RT, GN, etc.)

4250.2 GL

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

PULL OR ALTER CASING

FRAC TREATMENT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON\*

REPAIR WELL

CHANGE PLANT

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRAC TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT\*

(Other)

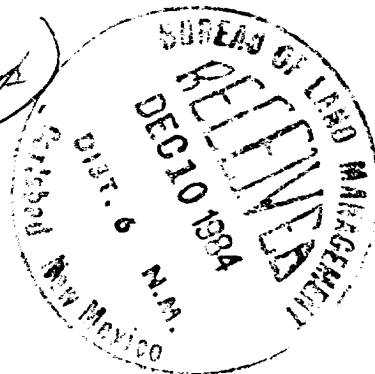
(Note: Report results of multiple completion on Well  
Completion or Recompletion Report and Log form.)

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.)

Well to be abandoned after completion attempts in Devonian and Atoka zones were not successful. MIRUPU. Install BOP. POH w/tbg and pkr. Set CIBP @ 11650'. Cap w/150' cmt. GIH w/tbg-spot 25 sx cmt @ 4900'. POH w/tbg. Cut csg @ 4700'. POH w/csg. GIH w/tbg-spot 50 sx cmt at csg stub. Spot 50 sx cmt at base of 8 5/8" csg at 4100'. Spot 50 ft cmt at surface. Weld plate on csg. Install dry hole marker.

① 150' plug at 8940 on both sides of csg (cover the Wolfcamp)

② 100' plug at 400'



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

SIGNED

*C. Engleme*

TITLE

Manager Drlg & Prod

DATE

12/05/84

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

12-28-84

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side