

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(One copy to be submitted to the State or Federal agency having jurisdiction over the land.)  
Artesia, NM 88210

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

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"/>		7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Champlin Petroleum Company		8. FARM OR LEASE NAME Lauck-Federal
3. ADDRESS OF OPERATOR 300 Wilco Building Midland, TX 79701		9. WELL NO. 2
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FSL & 660' FEL, Sec. 29, T-7-S, R-33-E State Unit-I		10. FIELD AND POOL, OR WILDCAT Chaveroo (San Andres)
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 29, T-7-S, R-33-E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4438 DF		12. COUNTY OR PARISH 13. STATE Roosevelt N.M.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input checked="" type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

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

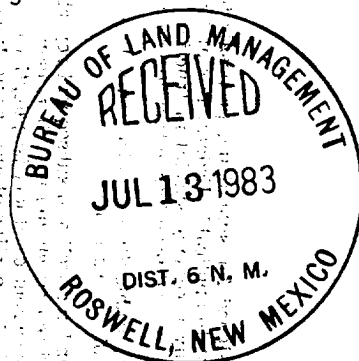
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

Well uneconomical to produce.

Proposed plugging procedure.

Set CIBP @ 4100' and cap w/50' cement. Locate 4-1/2" casing free point. (Should be at approximately 1400' +). Cut off 4-1/2" OD casing at free point. Set 100' cement plug centered at top of 4-1/2" casing stub. Set 100' plug across surface casing shoe @ 377'. Set 10 sx plug in top of surface pipe with marker installed. Fluid between plugs to be 10#/gal mud.

San Andres perms 4230'-4392'.



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

SIGNED *[Signature]*

TITLE District Superintendent  
Drilling & Prod. Opr.

DATE 7/12/83

(This space for Federal approval)  
(Orig. Sgd.) PETER W. CLESTER  
APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

SEP 7 1983

TITLE DATE

\*See Instructions on Reverse Side

RECEIVED

SEP 8 1983

O.C.D.  
ROBBS OFFICE