

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPL
(Other instructions
reverse 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"/> | | 7. UNIT AGREEMENT NAME | |
| 2. NAME OF OPERATOR ALLIRISH COMPANY AND B. G. HOWELL | | 8. FARM OR LEASE NAME FEDERAL "29" | |
| 3. ADDRESS OF OPERATOR P. O. Box 848, ROSWELL, NEW MEXICO 88201 | | 9. WELL NO. 1 | |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FN & EL | | 10. FIELD AND POOL, OR WILDCAT CHAUVEROO SAN ANDRES | |
| 14. PERMIT NO. | | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4419' GR | |
| | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 33 SEC. 29-T7S-R33E | |
| | | 12. COUNTY OR PARISH ROOSEVELT | |
| | | 13. STATE NEW MEXICO | |

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 checked="" 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) <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.)*

PURSUANT TO VERBAL INSTRUCTIONS FROM MR. BROWN, THIS WELL WILL BE PLUGGED AND ABANDONED AS FOLLOWS:

35 SACK PLUG SET AT 4180'

50 SACK PLUG IN AND OUT OF 4 1/2" CASING STUB

25 SACK PLUG AT BASE OF 8-5/8" (362')

10 SACK PLUG AT SURFACE

LOCATION WILL BE CLEANED AND A DRY HOLE MARKER INSTALLED.

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

SIGNED

Louis Taylor

TITLE

AGENT

DATE

1-16-73

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

JAN 19 1973

S. L. GORDON
DISTRICT ENGINEER

*See Instructions on Reverse Side