

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPL  
(Other instruction  
verse side)TE  
reForm approved.  
Budget Bureau No. 42-R1424

5. LEASE DESIGNATION AND SERIAL NO.

Federal NM 044701-D

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Todhunter-Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Chaveroo-San Andres

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

Sec. 19, T-7-S R-33-E

12. COUNTY OR PARISH

Roosevelt

13. STATE

New Mexico

## 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"/>	
2. NAME OF OPERATOR Champlin Petroleum Company	
3. ADDRESS OF OPERATOR P. O. Box 872, Midland, Texas	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FNL & 1980' FEL, Section 19, T-7-S, R-33-E State Unit G	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4449' RKB

## 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"/>	

## 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"/>	

(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 Shut-In December, 1966. This well was not commercial.  
Casing will not be pulled. Plugging operations to start April 8, 1968.  
Suggested plugging procedure:

- (1) 25 sacks over perforations (4137-4382)
- (2) 15 sacks in top of 4-1/2" casing
- (3) Mud between plugs
- (4) Steel marker installed
- (5) Pits filled, level location and cleared of junk

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

SIGNED Walter M. Rundolph

TITLE District Clerk

DATE March 20, 1963

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED  
MAR 21 1968  
A. H. BROWN

DISTRICT ENGINEER

DATE

\*See Instructions on Reverse Side