

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPL
(Other Instructions
verse side)

Form approved,
Labeled Bureau No. 49 B, 111.
5. GROUND DESIGNATION AND SURFACE NO.
NM0560261
6. IF INDIAN, ALLOTTEE OR TRUST, ETC.

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. WELL OIL <input type="checkbox"/> GAS <input type="checkbox"/> WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Dry Hole | | 7. UNIT AGREEMENT NAME | |
| 2. NAME OF OPERATOR The Desana Corporation | | 8. FARM OR LEASE NAME Federal 8 | |
| 3. ADDRESS OF OPERATOR 610 Vaughn Building, Midland, Texas 79701 | | 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 1980 FSL, 660 FWL Section 8 T8S, R38E | | 10. FIELD AND POOL, OR WILDCAT Bluitt (S.A.) Assoc. | |
| 14. PERMIT NO. | | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3994.9 GR | |
| | | 12. COUNTY OR PARISH Roosevelt | |
| | | 13. STATE 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) | | | |

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) | | | |

(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.) *

PROPOSED PLUGGING PROGRAM:

Displace fluid in hole with mud consisting of 25 sacks of gel to 100 bbls of brine.

1st Plug - 25 sx with bottom of plug @4660'

2nd Plug - in top of 4½" casing wherever it is shot off - 25 sx.

3rd Plug - 2200' to 2300'

4th Plug - 420' to 520' in & out of surface casing.

5th Plug - 10 sx on top of surface casing

Cement 4" pipe into top plug, 4' above surface.

Bead on side of pipe L-8-8-38.

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

SIGNED Jesse L. Dally

TITLE Vice-President

March 12, 1974

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED
MAR 12 1974
ARTHUR R. BROWN
DISTRICT ENGINEER

*See Instructions on Reverse Side