			RIOR (Other instructions on reverse side)		
	UNDRY NOT	ICES AND REPORTS sals to drill or to deepen or plug ATION FOR PERMIT—" for such		G. 1F INDIAN, ALLOTTEE OR	TRIBE NAME
OIL X GA		7. UNIT AGREEMENT NAME			
WELL WE		8. FARM OR LEASE NAME			
Jack L. McClellan and Len Mayer				Gilmore Federal	
P. O. Box 848, Roswell, New Mexico				9. WELL NO.	
4. LOCATION OF WEI	•	10. FIELD AND POOL, OR WILDCAT			
See also space 1' At surface	7 below.)		•	,	
660 FN &	1980' FEL	Sec. 34-105-30E			
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.)		12. COUNTY OR PARISH 13. STATE	
		4112 DF		Chaves A	<u>lew Mexi</u> co
16.	Check A	ppropriate Box To Indicate	Nature of Notice, Report, or C	Other Data	
NOTICE OF INTENTION TO:				EQUENT REPORT OF:	
TEST WATER SH	UT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL	
FRACTURE TREAT	 1	MULTIPLE COMPLETE ABANDON* X	FRACTURE TREATMENT	ALTERING CASING	·
SHOOT OR ACIDI	ZE	ABANDON* CHANGE PLANS	(Other)	ABANDON MENT*	
(Other)			(Note: Report results	of multiple completion on V letion Report and Log form.)	Vell
17. DESCRIBE PROPOS proposed work nent to this we	 If well is directi 	ERATIONS (Clearly state all pertin conally drilled, give subsurface lo	ent details, and give pertinent dates, cations and measured and true vertic	including estimated date of al depths for all markers and	starting any I zones perti-
Propose t	o plug and a	abandon this test as	follows:		
A pre-exi	sting plug i	is at 4000'. 9-5/8"	casing is set at 3155	and circulated.	
Will set	100' plug at	base of casing and	. 10 sx plug at surface	and set marker.	
Approv	red subject t	to the <u>following plu</u>	gging program:		
1	. Cover wit	th cement all open p	perforated intervals.	Records ROVE	
availa	ble to this	office show open pe		MITROVE	
			5' - 3,642' 3' - 3,925'	FFH E 100E	
			2' - 3,998'	1,50 - 3 1303	<u>ئ</u> کے ا
	ment plug in	n each case should o	come to at least 25 Geo	et above jtheoger DISTRICT ENGINEER	
	-		igs and above the up en	most plug	The second of
	ieavy mud. 3. A 25' pli	ig at the surface wi	th an identifying mark	ker.	
			**		
18. I hereby certify	that the foregoing	is true and correct	Operator	DATE January	- 22,1965
APPROXED BY	Federal or State of	TITLE		DATE	
CONDITIONS O	F APPROVAL, IF .	ANI:			