

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

5. LEASE DESIGNATION AND SERIAL NO.

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

9. WELL NO.

10. FIELD AND POOL, OR WILDCAT

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

12. COUNTY OR PARISH

13. STATE

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Injection Well	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Chaves Oil, Ltd.	8. FARM OR LEASE NAME W. Cap Queen Sand Tr 5
3. ADDRESS OF OPERATOR c/o Hobbs Pipe And Supply, Box 2010, Hobbs, N. M. 88240	9. WELL NO. 3
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 990/N 2310/W	10. FIELD AND POOL, OR WILDCAT Caprock Queen
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)
12. COUNTY OR PARISH Chaves	13. STATE N. M.

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.)*

Propose to plug and abandon as follows:

1. Run CIBP to cover existing perforations.
2. Load hole with mud-laden fluids.
3. Shoot and recover 5-1/2" casing from approximately 1,000'.
4. Spot a 30 sx cement plug at 4-1/2" casing stub.
5. Spot a 40 sx cement plug in and out of 8-5/8" shoe.
6. Spot a 10 sx top-hole plug and erect a 4" regulation marker.

(This is per USGS plugging procedure of this date)

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

SIGNED

Lynne Hammond

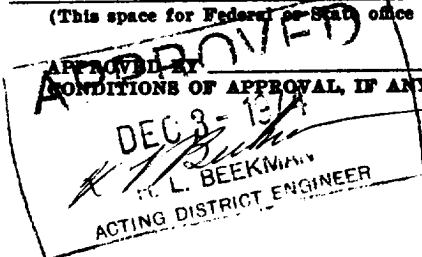
TITLE

Agent

DATE

11/26/74

(This space for Federal or State office use)

APPROVED SUBJECT TO POSSIBLE ADDITIONAL
REQUIREMENT THAT PAD AND/OR ROAD
BE RIPPED AND SEEDED

DATE

*See Instructions on Reverse Side

CONTACT THIS OFFICE REGARDING ABOVE
BEFORE MAKING CLEANUP.RECEIVED
NOV 27 1974
U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

RECEIVED

DEC 4 1974

OIL CONSERVATION COMM.
HOBBS, N. M.

RECEIVED

DEC 4 1974

O. C. C.
ARTESIA, OFFICE