

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

5. LEASE DESIGNATION AND SERIAL NO.

LC-068264

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

W. Cap Queen Sand Unit

9. WELL NO.

Tract 5 #5

10. FIELD AND POOL, OR WILDCAT

Caprock Queen

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

17-T14S, R31E

12. COUNTY OR PARISH 13. STATE

Chaves

N. M.

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 <input type="checkbox"/> WELL GAS <input type="checkbox"/> WELL OTHER <input type="checkbox"/> Injection Well 30-005-01089	
2. NAME OF OPERATOR Weldon S. Guest & I. J. Wolfson	
3. ADDRESS OF OPERATOR c/o Hobbs Pipe & Supply, Box 2010, Hobbs, N. M.	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FNL & 990' FWL	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, OR, etc.) 4065 GL

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 COMPLETION <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" 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.)*			

1. Set CIBP @ 2472' w/5 sx cement on top.
2. Loaded hole w/mud-laden fluids.
3. Shot & recovered 770' of 5-1/2" production casing.
4. Spotted 35 sx plug across casing stub.
5. Spotted 40 sx plug across 8-5/8" casing shoe @ 166'.
6. Spotted 10 sx surface plug & erected 4" regulation marker.
7. Well was plugged and abandoned on 3/12/74.

RECEIVED

APR 12 1974

U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED

J. Sarkis

TITLE

Agent

DATE

4/10/74

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side

RECEIVED

1974 OCT 27
OIL CONSERVATION COMM.
HOOVER, N. M.

RECEIVED

DEC 27 1974

O. C. C.
ARTESIA, OFFICE