

HOBBS OFFICE 0

3. ADDRESS OF OPERATOR <b>P. O. Box 843, Roswell, New Mexico</b>		10. WELL NO. <b>1</b>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface  <b>660° PS &amp; EL</b>		11. FIELD AND POOL, OR WILDCAT <b>Wildcat</b>
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>Sec. 13-34-30E</b>
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>4173° O. L.</b>	12. COUNTY OR PARISH <b>Chaves</b>
		13. STATE <b>N. M.</b>

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 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"/>	

(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.)

This test was plugged and abandoned on November 13, 1965.

With heavy mud in the hole, cement plugs were set from 3450 - 3520' (San Andres), 1625 - 1725' (Yates), 345 - 400' (surface casing), 0 - 20' (surface).

Dovall performed this work.

This test was plugged on oral permission from the District Engineer.

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

SIGNED *Sam J. McCall* TITLE Operator DATE November 15, 1965

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side