

Form 9-331
(May 1963)UNIT STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLIC
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

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 checked="" type="checkbox"/> OTHER <input type="checkbox"/> DRY HOLE		5. LEASE DESIGNATION AND SERIAL NO. NM -199827 -A	
2. NAME OF OPERATOR WOLFSON OIL COMPANY		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 3206 REPUBLIC NATIONAL BANK TOWER, DALLAS, TEXAS		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2310' FS & EL		8. FARM OR LEASE NAME AMERADA FEDERAL "A"	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.)		10. FIELD AND POOL, OR WILDCAT DOUBLE L	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC. 6-T15S-R29E 30	
		12. COUNTY OR PARISH CHAVES	13. STATE NEW MEXICO

18. 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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

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 checked="" 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.)*

PURSUANT TO VERBAL INSTRUCTIONS RECEIVED 2/19/71, THIS TEST WAS
PLUGGED AND ABANDONED AS FOLLOWS:

35 SACK PLUG 2021' - 1921' (TOTAL DEPTH)
35 SACK PLUG 1100' - 1000' (BASE OF SALT)
35 SACK PLUG 435' - 335' (TOP OF SALT - IN AND OUT OF 8-5/8")
10 SACK PLUG AT SURFACE.

DENTON OIL WELL CEMENTING PERFORMED THE CEMENT WORK
RECEIVED

JUN 2 1971

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

O. C. C.
ARTESIA, OFFICE
AGENTSIGNED J. M. McCall TITLE _____DATE 2-24-71

(This space for Federal or State office use)

APPROVED
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side

RECEIVED
FEB 28 1971
U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICOJUN - 1 - 1971
R. L. BEEKMAN
ACTING DISTRICT ENGINEER

RECEIVED

JUN - 7 1971

OIL CONSERVATION COMM.
HOBBS, N. M.