

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

NM OIL CONS. COM. OF
Draver DE
SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 20364

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Pendleton ZB Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Wildcat San Andres

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

Unit M, Sec. 19-T7S-R30E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

4097' GR

12. COUNTY OR PARISH

Chaves

13. STATE

NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

PULL OR ALTER CASING

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

<input type="checkbox"/>
<input type="checkbox"/>
<input checked="" 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.)*

Plugged and abandoned well as follows:

11-9-84. Set CIBP with 35' cement on top.

11-10-84. Cut off 4½" casing at 2290'.

Set 35 sx plug 50' and 50' out of stub.

Set 35 sx plug @ 407'.

Set 20 sx plug @ surface.

Installed dry hole marker.

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

SIGNED Peter W. Chester

TITLE Production Supervisor

DATE 11-12-84

(This space for Federal & State office use)
(Orig. Sgd.) PETER W. CHESTER

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side

1-2-34

5-1

RECEIVED

JAN 24 1935

U.S. DEPT. OF JUSTICE
HONORARY OFFICE