

(May 1965)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT ON REVERSE
(Other instruction, reverse side)

1-72
re-

Budget Bureau No. 42-R1424

5. LEASE DESIGNATION AND SERIAL NO.

LC 029406 B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Mitchell

9. WELL NO.

6

10. FIELD AND POOL, OR WILDCAT

Maljamar Gbr SA

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

5-17-32

12. COUNTY OR PARISH 13. STATE

Lea

N. M.

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Ryder Scott Management Company

3. ADDRESS OF OPERATOR

0 922 - 8th Street, Wichita Falls, Texas 76301

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

990' FNL & 330' FWL

14. PERMIT NO.

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

4083' G. L.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☒

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) ☐

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

(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.)*

Work will start approximately 7-10-69

Will set bridge plug with cement cap *at top of liner at 3626*
~~across top of perforations;~~
100' cement plug in and out of shoe of surface pipe;

10 sack cement plug in top of surface pipe;

cap welded over surface pipe and 4' marker erected showing well number & location;

hole will be filled with mud - laden fluid.

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

SIGNED

TITLE

Agent

DATE

7-7-69

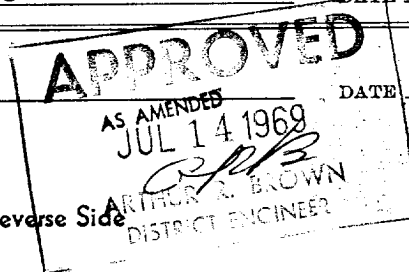
(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:



*See Instructions on Reverse Side