

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424

5. LEASE DESIGNATION AND SERIAL NO.

LC-032233-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

~~Federal Reserve A~~

9. WELL NO.

8

10. FIELD AND POOL, OR WILDCAT

Hobbs

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

30-18S-38E

14. PERMIT NO.

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

3653 DF, KB-3654

12. COUNTY OR PARISH

13. STATE

Lea

New Mexico

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 ☐Isolate Water Zones ☒

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.)*

1. Release the Lynes injection type packer with plug at 4104 feet and pull.
2. Set a Lynes bridge plug at 4200 feet and dump a Hydromite cap on top.
3. Run the tubing assembly as follows:

The Lynes injection packer on bottom, to be set at 4165 feet, 8 joints of tubing, approximately 240 feet, a Baker Anchor-Catcher, 1 joint of tubing, a seating nipple, then the remainder of the tubing.

4. When the packer is spotted at 4165 feet, set the Baker Anchor-Catcher, then inflate the packer. Open part below packer.
5. Place well on pump and test.

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

SIGNED

D. L. Clemmer

TITLE Unit Head

DATE 7-15-69

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side