

MEXICO OIL CONSERVATION COMMISSION

COPIES RECEIVED	
DISTRIBUTION	
DATE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
B-1258-1	

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" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator	None
3. Address of Operator	8. Form or Lease Name
P.O. BOX 728, HOBBS, NEW MEXICO 88240	New Mexico "AE" State
4. Location of Well	9. Well No.
UNIT LETTER I, 1930 FEET FROM THE South LINE AND 660 FEET FROM THE East LINE, SECTION 11 TOWNSHIP 18-S RANGE 34-E NMPM.	11
10. Field and Pool, or Wildcat	12. County
Vacuum Abo Reef	Lea
15. Elevation (Show whether DF, RT, GR, etc.)	
4008' DF	

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input checked="" type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input checked="" type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
		OTHER <input type="checkbox"/>	

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

REMARKS

1. WELL STATUS - TR-O (To Be Reconditioned-Oil)
2. TEMPORARY ABANDONMENT DATE - August, 1973
3. REASON FOR ABANDONMENT - Not profitable to operate

4. FUTURE PLANS - Plug and abandon

5. DATE OF FUTURE WORKOVER OR PLUGGING - 1975

*Expires 10/1/75*

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED <i>[Signature]</i>	TITLE Asst. Dist. Supt.	DATE 10-30-74
APPROVED BY <i>[Signature]</i>	TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:		