

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on
reverse 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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM 0175774
2. NAME OF OPERATOR Llano, Inc.		6. IF INDIAN, ALLOTTEE OR TRIBES NAME
3. ADDRESS OF OPERATOR P.O. Box 1320, Hobbs, New Mexico 88240		7. UNIT AGREEMENT NAME Plains Unit Federal
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Unit E, 1980' FNL and 660' FWL, Section 28, T-19-S, R-32-E, NMPM		8. FARM OR LEASE NAME Plains Unit
14. PERMIT NO.		9. WELL NO. #2
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3,581' R.D.B.		10. FIELD AND POOL, OR WILDCAT Lusk Morrow-
		11. SEC., T., R., OR BLK. AND SURVEY OR AREA 28, T-19-S, R-32-E
		12. COUNTY OR PARISH Lea
		13. STATE N.M.

16. 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 type="checkbox"/>
(Other) Temporary Abandonment <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.) *

Attempted to pull Morrow tubing. Tubing stuck in Model "D" packer at 11,714'.
Shot and pulled tubing from 11,700'. Set CIBP in 7" casing at 11,675' to temporarily abandon Morrow Zone.

WO: started 12-10-75; completed 12-14-75.

TD 12,996', PBD 11,675'.

11/01/92 per D.D. - PA'D well off 12-14-75

* noted in FA (pool # 8 0759)

well completed TLOG data are inaccurate
C1

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

SIGNED Sam Moody

TITLE Manager of Operations & Construction

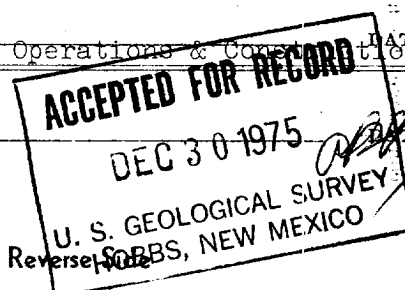
DATE 12/26/75

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

CONDITIONS OF APPROVAL, IF ANY:



*See Instructions on Reverse Side

11/01/99
CT