

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions
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 ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR
Llano, Inc.

3. ADDRESS OF OPERATOR
P. O. Box 1320, Hobbs, New Mexico 88240

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 & 660 FWL, of Section 28, T-19-S, R-32-E, NMPM

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3,581' R.D.B.

5. LEASE DESIGNATION AND SERIAL NO.
NM 0175774

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
Plains Unit Federal

8. FARM OR LEASE NAME
Plains Unit

9. WELL NO.
2

10. FIELD AND POOL, OR WILDCAT
Lusk Strawn

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
28, T-19-S, R-32-E

12. COUNTY OR PARISH
Lea

13. STATE
New Mexico

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF	
TEST WATER SHUT-OFF	☐	WATER SHUT-OFF	☐
FRACTURE TREAT	☐	FRACTURE TREATMENT	☐
SHOOT OR ACIDIZE	☐	SHOOTING OR ACIDIZING	☐
REPAIR WELL	☐	(Other) _____	☐
(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.)*

Upon completion of the formation of the Lusk Strawn Deep Unit and final U.S.G.S. approval, the Plains Unit No. 2 Well will be converted for injection of extraneous gas or used as an observation or producing well under secondary recovery operations of the Lusk Strawn Deep Unit Pressure Maintenance Program. At present well is shut-in.

This approval of temporary abandonment expires OCT 2 1976

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

SIGNED [Signature] TITLE Executive Vice-President DATE September 29, 1975

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side