

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPL
(Other instructions
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM - 17235

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER Dry		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR John H. Hill		8. FARM OR LEASE NAME Walker Federal	
3. ADDRESS OF OPERATOR 1411 West Avenue, Suite 100, Austin, Texas 78701		9. WELL NO. 1	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' from North line, 1980' from West line		10. FIELD AND POOL, OR WILDCAT Querecho Plains Queen	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 26 T-18S R-32E	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3758.3 G.L. 3767 KB	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 <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input 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.)*

Reached T.D. 4262' on 11-14-73 w/rotary. DST in Queen recovered no hydrocarbons Pumped 35 sk cement plug 3900' to 3800', 40 sk cement plug 2650' to 2550', 45 sk cement plug 1250' to 1150', 45 sk cement plug 570' to 470', and 10 sk cement plug at surface w/dry hole marker. Left 10.5# mud between plugs. Plugged and abandoned 11-18-73.

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

SIGNED [Signature] TITLE Superintendent DATE 12-28-73

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

APPROVED
AUG 25 1975
[Signature]
DISTRICT ENGINEER

*See Instructions on Reverse Side