

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE
(Other instructions on reverse side)

Form approved,
Budget Bureau No. 42 R1424.
LEASE DESIGNATION AND SERIAL NO.

Federal NM-2843

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 ☐ GAS WELL ☒ OTHER	7. UNIT AGREEMENT NAME NA
2. NAME OF OPERATOR Inexco Oil Company	8. FARM OR LEASE NAME Federal
3. ADDRESS OF OPERATOR 1100 Milam Bldg., Suite 1900, Houston, TX 77002	9. WELL NO. 1
4. LOCATION OF WELL (Report location clearly and in accordance with any State regulations. See also space 17 below.) At surface 1980' FNL and 660' FEL	10. FIELD AND POOL, OR WILDCAT West Tonto Penn
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 7-T19S-R33E	12. COUNTY OR PARISH Lea
13. STATE New Mexico	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, or etc.) 3665 GR

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)	☐	(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	☐
ABANDON PERFORATIONS	☒		

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.) *

It is proposed to set a through-tubing bridge plug at 13,314' and top with cement to abandon Morrow Sand perforations 13,320-324' FDLN.

This activity is scheduled to commence 26 January 1978.

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

SIGNED Terry W. Ellstrom TITLE Production Manager DATE 24 January 1978

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

DATE
APPROVED
JAN 30 1978
A.O.L.
ACTING DISTRICT ENGINEER