

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP. TE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM 12413-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

McKay Federal

9. WELL NO.

3

10. FIELD AND POOL, OR WILDCAT
Undesignated
~~West Luck~~ Delaware

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec 10, T19S, R32E

12. COUNTY OR PARISH

Lea

13. STATE

NM

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Pacific Enterprises Oil Company (USA)

3. ADDRESS OF OPERATOR

P. O. Box 3083, Midland, Texas 79702

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)

At surface

330' FSL and 1980' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DE, RT, GR, etc.)

3647.2 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

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON*

CHANGE PLANS

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(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 perti-
nent to this work.) *

Plug well 12-07-89

Plug #1 35 sx 7330-7230'

Plug #2 40 sx 5635-5535' Top Delaware

Plug #3 85 sx 3090-2990' Bottom Salt

Plug #4 150 sx 1150-1050' Top Salt

Plug #5 75 sx 930-830' 9-5/8" shoe

WOC and tag plug #5

Plug #6 20 sx 60' KB-cellar

Erect P&A marker

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

SIGNED C. Robert Wanklyn

TITLE Operations Engineer

DATE 3-26-90

(This space for Federal or State office use)

APPROVED BY

TITLE Supervisor

DATE 4-2-90

CONDITIONS OF APPROVAL, IF ANY:

Approved as to plug completion
Liability for surface restoration is completed.

*See Instructions on Reverse Side

RECEIVED

APR 20 1990

OCD
HOBBS OFFICE