

N. M. OIL CONS. COMMISSION
P. O. BOX 1980
UNITED STATES DEPARTMENT OF THE INTERIOR
HOBBBS, NEW MEXICO 88240
GEOLOGICAL SURVEY

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.)

| | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>1. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER</p> <p>2. NAME OF OPERATOR PETTIS, BOYLE & STOVALL</p> <p>3. ADDRESS OF OPERATOR Box 1240 Graham, Texas 76046</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface A - Section 19 - T18S-R32E</p> | <p>5. LEASE DESIGNATION AND SERIAL NO. NM - 9016</p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME Young Federal</p> <p>9. WELL NO. 2</p> <p>10. FIELD AND POOL, OR WILDCAT Young Queen</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA A - 19-18S-32E</p> <p>12. COUNTY OR PARISH Lea 13. STATE NM</p> |
| <p>14. PERMIT NO.</p> | <p>15. ELEVATIONS (Show whether DF, RT, GR, etc.)</p> |

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

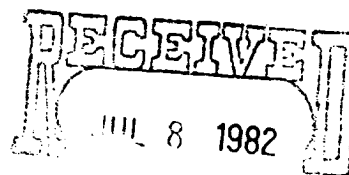
| NOTICE OF INTENTION TO: | | SUBSEQUENT REPORT OF: | |
|----------------------------------------------|-----------------------------------------------|------------------------------------------------|------------------------------------------|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR 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 checked="" type="checkbox"/> | SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <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.)*

Propose to plug and abandon subject well as follows:

1. Set C.I.B.P. at 3640'. Dump bail 35' cement on top of plug.
2. Set 100' cement plug (50' in & 50' out) in 7" casing stub.
3. Set 100' cement plug (50' in & 50' out) in 8 5/8" surface shoe. (Shoe @ 981')
4. Set 15 sx. cement plug at top of surface and install dry hole marker.



OIL & GAS
U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO

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

SIGNED T. D. Luff

TITLE Production Superintendent

DATE June 15, 1982

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

*See Instructions on Reverse Side

| |
|------------------------------------------------|
| APPROVED |
| DATE <u>JUL 9 1982</u> |
| <u>James A. Gillham</u> DISTRICT SUPERVISOR |