

UNIT STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLIC.
(Other instructions on
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 12024

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Mark Smith Ranch

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Undesignated

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

Sec 35 T-19-S R-33-E

12. COUNTY OR PARISH

Lea

13. STATE

New Mexico

1.

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Byron McKnight

3. ADDRESS OF OPERATOR

Box 297, 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

330 FNL & 330 FWL

14. PERMIT NO.

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

3583 Gr

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

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 names pertinent to this work.)*

Well was plugged Nov. 24, 1970.
12 1/4" hole drilled to 313 feet.

13 joints of 8 5/8" 20# casing set at 313 feet with 250 sacks of Class C cement.

Cement circulated to surface (55 sacks excess). WOC 24 hours.

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

SIGNED

TITLE

Operator

DATE

11/25/70

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

Instructions

General: This form is designed for submitting proposals to perform certain well operations, and reports of such operations when completed, as indicated, on Federal and Indian lands pursuant to applicable Federal law and regulations, and, if approved or accepted by any State, on all lands in such State, pursuant to applicable State law and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 17: Proposals to abandon a well and subsequent reports of abandonment should include reasons for the abandonment; data on any former or present productive zones or other zones with present significant fluid contents not sealed off by cement or otherwise; depths (top and bottom) and method of placement of cement plugs; mud or other material placed below, between and above plugs; amount, size, method of parting of any casing, liner or tubing pulled and the depth to top of any left in the hole; method of closing top of well; and date well site conditioned for final inspection looking to approval of the abandonment.

U.S. GOVERNMENT PRINTING
OFFICE
WASHINGTON, D.C. 20540
O-685229
847-485

Check appropriate box to indicate status of Notice, Report, or Other Data

NOTICE OF ABANDONMENT	REPORT OF ABANDONMENT	OTHER DATA
☐	☐	☐

Check appropriate box to indicate status of Notice, Report, or Other Data

NOTICE OF ABANDONMENT	REPORT OF ABANDONMENT	OTHER DATA
☐	☐	☐

UNIT STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
SUNDRY NOTICES AND REPORTS ON WELLS

USE APPLICATION FOR ABANDONMENT OF WELL (Form No. 10-100)

1. NAME OF OPERATOR
2. ADDRESS OF OPERATOR
3. LOCATION OF WELL

4. LOCATION OF WELL (continued)

5. LOCATION OF WELL (continued)

6. LOCATION OF WELL (continued)

Check appropriate box to indicate status of Notice, Report, or Other Data

7. LOCATION OF WELL (continued)

8. LOCATION OF WELL (continued)

9. LOCATION OF WELL (continued)

10. LOCATION OF WELL (continued)

APPROVED BY
DATE
1979