

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE  
(Other instructions on reverse side)

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

3. LEASE DESIGNATION AND SERIAL NO.  
NM-59044

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to develop a well. Each well has a separate application for permit. Use "APPLICATION FOR PERMIT" for such proposals.)

1. OIL WELL  GAS WELL  OTHER

2. NAME OF OPERATOR  
Cavalcade Oil Corporation

3. ADDRESS OF OPERATOR  
P. O. Box 16187, Lubbock, TX 79490

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)  
At surface  
1650' FSL & 1800' FEL

5. FIELD AND POOL, OR WILDCAT  
Undesignated

6. SEC., T., R., M., OR BLM. AND SURVEY OR AREA  
Sec. 21, T18S, R32E

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Cavalcade "21" Federal

9. WELL NO.  
5

10. COUNTY OR PARISH  
Lea

11. STATE  
NM

14. PERMIT NO.

15. ELEVATIONS (Show whether SF, FT, OR, etc.)  
3754.4 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 <input type="checkbox"/>	FULL 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 ACIDISE <input type="checkbox"/>	ABANDON <input type="checkbox"/>	SHOOTING OR ACIDISING <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"/>

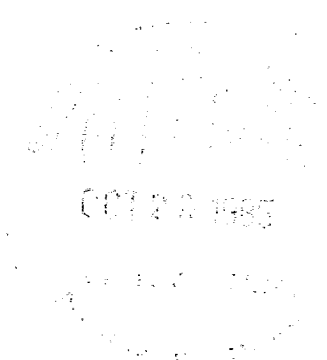
(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent data, 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.)

10/23/85 Plug and abandon well as per BLM requirements. BLM inspector on location was Mr. Walter Cox.

- Plug #1 at 4150' w/40 sx cement
- Plug #2 at 1500' w/90 sx cement
- Plug #3 at 465' w/25 sx cement
- Plug #4 at surface w/10 sx cement

Install dry hole marker - well dry and abandoned



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

SIGNED [Signature] TITLE Dir. & Prod. Manager DATE 10/28/85

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE \_\_\_\_\_ DATE 6-27-89

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side