

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

(SUBMIT IN TRIPLICATE)
(Other instructions on
reverse side)

Expires August 31, 1985
LEASE DESIGNATION AND SERIAL NO.

NM-59044

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	
2. NAME OF OPERATOR Cavalcade Oil Corporation		8. FARM OR LEASE NAME Cavalcade "21" Federal	
3. ADDRESS OF OPERATOR P. O. Box 16187, Lubbock, TX 79490		9. WELL NO. 5	
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		10. FIELD AND POOL, OR WILDCAT Undesignated	
14. PERMIT NO.		15. ELEVATIONS (Show whether SP, RT, GR, etc.) 3754.4 GR	
		11. SEC., T., R., M., OR S.E. AND SURVEY OR AREA 21, 18S, 32E	12. COUNTY OR PARISH Lea
		13. STATE New Mexico	

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐
SHOOT OR ACIDISE ☐	ABANDON* ☐
REPAIR WELL ☐	CHANGE PLANS ☐
(Other) ☐	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☒	REPAIRING WELL ☐
FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOTING OR ACIDISING ☐	ABANDONMENT* ☐
(Other) ☐	

(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.)

10/14/85 - 8 5/8" surface casing was set @ 415'. Cement with 250 sacks Class "C" + 2% CaCl₂. Circulated 80 sacks.

10/22/85 - Reached TD @ 4225'. Decision made to P&A - no additional casing set.

ACCEPTED FOR RECORD

GWR
FEB 3 1986

CARISPAD, NEW MEXICO

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

SIGNED *Kenneth L. Copen*

TITLE Vice President - Land

DATE 01/31/86

This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side