FRACTURE TREAT

SHOOT OR ACIDIZE

UNIT 7 STATES

MULTIPLE COMPLETE

SUBMIT IN TRIPLIC

/		17 - Form 2			0		
		Budget	Burea	u No	o. 42	-R1	42
5. 1	EASE	DESIGN	ATION	AND	SERI	AL :	SO.

ABANDON MENT*

Form 9-331 (May 1963)	DEPARTMEN. JF THE INGEOLOGICAL SURVE	EY	5. LEASE DESIGNATION AND SERIAL NO. 6. IF INDIAN, ALLOTTEE OR TRIBE NAME
(Do not use	SUNDRY NOTICES AND REPOR this form for proposals to drill or to deepen of Use "APPLICATION FOR PERMIT—" for	RTS ON WELLS r plug back to a different reservoir.	7. UNIT AGREEMENT NAME
WELL W	AS NELL & OTHER (DUD!) ATOR INENTAL OIL Compar	vy	8. FARM OR LEASE NAME 8. WELL NO.
4. LOCATION OF W See also space At surface	(Report location clearly and in accordance w	ith any State requirements.	10 FIELD AND POOR, OR WILDCAT CILL LUBISE TOOMS OF THE SERVICE OF THE SUBJECT OF
1980' F	FNL & 660 FEL OF J		Sec. 3, T-205 R-36E 12. COUNTY OR PARISH 13. ST. TE. LEA N.M.
16.	Check Appropriate Box To Ind	icate Nature of Notice, Report,	or Other Data OBSEQUENT REPORT OF: REPAIRING WELL
TEST WATER	SHUT-OFF PULL OR ALTER CASING	TO LOWER TREATMENT	ALTERING CASING

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) CHANGE PLANS REPAIR WELL 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.) *

Removed oil producing equipment. Set tubing plug (a) 3864' to block off oil zone. Gas is being produced up the tubing thru the Garrett sleeve. A wellbore schematic is attached.

18. I hereby certify that the foresbing is true and corn	rectTITLE	SR	ANDE	ys#	DATE 8-9-74	_
(This space for Federal or State office use) APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	TITLE			120	PATT FOR HOLD	_
			C. 1		206141974	

*See Instructions on Reverse Side

MCKC- & NAFU-ch Tile