

UNIT STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLIC
(Other instructions on
reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 0149957

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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. <input checked="" type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Llano, Inc.		8. FARM OR LEASE NAME Smith Federal "18"	
3. ADDRESS OF OPERATOR P.O. Box 1320, Hobbs, New Mexico 88240		9. WELL NO. 2	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FNL & 2010' FEL of Section 18		10. FIELD AND POOL, OR WILDCAT Salt Lake Yates	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 18,20S, 33E, NMPM	
15. ELEVATIONS (Show whether DF, RT, CR, etc.) 3511.4 GL		12. COUNTY OR PARISH Lea	
		13. STATE NM	

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) Csg setting

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 zones pertinent to this work.)*

7" OD, 20 & 23#, J-55 CSA 2707'. Cmtd w/300 sx lite wate X 15# salt/sx plus 1/4# flocele followed by 200 sx class "C" X 5# salt/sx plus 1/4# flocele. Plug down @ 6:00 PM 1-16-76. Cmt. circulated to surface. Logs to be run upon reaching TD as per Mr. Brown's (USGS) approval. WOC 24 hrs. Tested csg to 1500 psi, 30 min, OK. Started drilling ahead.

Work started: 1-16-76

Work completed: 1-17-76

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

SIGNED

J. M. [Signature]

TITLE

Manager of Operations and Construction

DATE

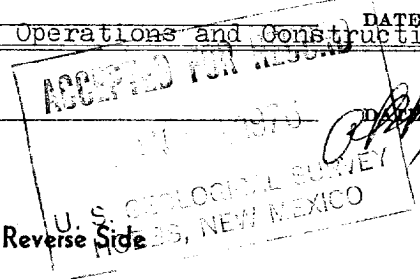
Jan. 19, 1976

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE



*See Instructions on Reverse Side