

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instruction
per ())

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

5. LEASE DESIGNATION AND SERIAL NO.

LC-068848

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. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Estacado, Inc.

3. ADDRESS OF OPERATOR

P. O. Box 5587, Hobbs, New Mexico 88241

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

660' FSL & 660' FWL

Unit Letter "M"

14. PERMIT NO.

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

3719 DF

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Marshall ~~194~~ Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Cruz Delaware

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

Sec. 19, T-23-S, R-33-E

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) Temporary Abandon ☒

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.)*

On July 28, 1988 tested 4 1/2" casing above top of cement plug @ 4880' to 500 psi for 15 minutes. Pressured held. Perf. interval 5086-5108 T.D. 5237. Well to be temporary abandoned pending evaluation.

AUG 3 11 25 AM '88
C&A
AREA

RECEIVED

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

SIGNED

TITLE President

DATE Aug. 2, 1988

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED FOR 12 MONTH PERIOD

ENDING 8/10/89

*See Instructions on Reverse Side

SJS

RECEIVED

AUG 19 1980

CCD
MOBBS OFFICE