

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE  
(Other instructions on  
verse side)

COPY TO O. C. C.  
Form approved  
Budget Bureau No. 42-21424.

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER                                                                                 |                                                           | 5. LEASE DESIGNATION AND SERIAL NO.<br>USGS 029864-B      |
| 2. NAME OF OPERATOR<br>THORNTON PETROLEUM CORPORATION                                                                                                                                            |                                                           | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                      |
| 3. ADDRESS OF OPERATOR<br>810 East County Road, Odessa, Texas                                                                                                                                    |                                                           | 7. UNIT AGREEMENT NAME                                    |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface<br>Unit C, 990 FNL, 2310 FWL, Section 5, 23-S, 36-E NMPM |                                                           | 8. FARM OR LEASE NAME<br>FEDERAL                          |
| 14. PERMIT NO.                                                                                                                                                                                   | 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br>3485 DF | 9. WELL NO.<br>1                                          |
|                                                                                                                                                                                                  |                                                           | 10. FIELD AND POOL, OR WILDCAT<br>JALMAT                  |
|                                                                                                                                                                                                  |                                                           | 11. SEC., T., R., NE. OR SW. AND SURVEY<br>5-23S-36E NMPM |
|                                                                                                                                                                                                  |                                                           | 12. COUNTY AND STATE<br>LEA New Mexico                    |

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"/> | PULL 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 ACIDIZE <input type="checkbox"/>    | ABANDON* <input type="checkbox"/>             | SHOOTING OR ACIDIZING <input type="checkbox"/>                                                        | ABANDONMENT* <input type="checkbox"/>    |
| REPAIR WELL <input type="checkbox"/>         | CHANGE PLANS <input type="checkbox"/>         | (Other) <input type="checkbox"/>                                                                      |                                          |
| (Other) Temporarily Abandon                  |                                               | (Note: Report results of multiple completion or 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 and proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and points pertinent to this work.)\*

We propose to temporarily abandon this well pending studies of secondary recovery projects in this area. The well will be shut in with a pressure gage attached to the casing valve. This well is on an active lease and will be checked regularly by field personnel. Temporary abandonment will be effective September 1, 1969.

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

SIGNED L. G. Hill  
(This space for Federal or State office use)

TITLE Engineer

DATE 8-19-69

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

# Instructions

**General:** This form is designed for submitting proposals to perform certain well operations, and reports of such operations when completed, as indicated, on Federal and Indian lands pursuant to applicable Federal law and regulations, and, if approved or accepted by any State, on all lands in such State, pursuant to applicable State law and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office.

**Item 4:** If there are no applicable State requirements, locations on Federal or Indian lands should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

**Item 17:** Proposals to abandon a well and subsequent reports of abandonment should include such special information as is required by local Federal and/or State offices. In addition, such proposals and reports should include reasons for the abandonment; data for the formation of present productive zones or other zones with present significant fluid contents not sealed off by cement or otherwise; depths (top and bottom) and method of placement of cement or other material placed below, between and above plugs; amount, size, method of parting of any casing, liner or tubing pulled and the depth to top of any left in the hole; method of closing top of well; and date well site conditioned for final inspection looking to approval of the abandonment.

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GPO 837-499 887-831

UNITED STATES  
 DEPARTMENT OF THE INTERIOR  
 GEOLOGICAL SURVEY

**SUNDRY NOTICES AND REPORTS ON WELLS**

Do not use this form for proposals to drill or to deepen or to change location of a well or to change the character of the well or to change the purpose of the well. Use APPLICATION FOR PERMIT TO DRILL OR TO DEEPEN OR TO CHANGE LOCATION OF A WELL OR TO CHANGE THE CHARACTER OF THE WELL OR TO CHANGE THE PURPOSE OF THE WELL.

FORM NO. 1  
 (Rev. 1-63)

1. NAME OF OPERATOR  
 2. ADDRESS OF OPERATOR  
 3. LOCATION OF WELL (Give location of well in relation to nearest town or place, and to nearest section corner, if known. Also give section, township, and range.)  
 4. NAME OF WELL  
 5. DATE OF OPERATION  
 6. TYPE OF OPERATION (Check appropriate box to indicate nature of operation.)  
 7. CHECK APPROPRIATE BOX TO INDICATE NATURE OF OPERATION (Check appropriate box to indicate nature of operation.)  
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