## ) STATES **DEPARTME**

SUBMIT IN TRIPLY (Other instructions

PRACTURE TREATMENT

SHOOTING OR ACIDIZING

Form approved. Budget Bureau No. 42-R1424. DESIGNATION AND SERIAL NO.

ALTERING CASING

ABANDONMENT\*

NI OF THE INTERIOR verse side)	U. LEASE D
LOGICAL SURVEY	LC-0

	GEOLOGICAL SURVEY	LC-033706 <b>/b)</b>	
	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.)	6. IF INDIAN, ALLOTTED OR TRIBE NAME	
1.	WELL X WELL OTHER	7. UNIT AGREEMENT NAME	
	NAME OF OPERATOR	C. P. Falby "B" Fed.	
3.	ADDRESS OF OFFICE	9. WELL NO.	
4.	P. O. Box 728, Hobbs, Hew Mexico 88240 LOCATION OF WELL (Report location clearly and in accordance with any State (collection) See also space 17 below.) At surface	10. FIELD AND POOL, OR WILDCAT Drinkard	
	Unit letter K, 1980 feet from the South line and 1980 feet from the West line, Section 8, Township 22S, Range 37E.	8-22-31	
14.	PERMIT NO. 15. ELEVATIONS (Show whether DF, ET, GR, etc.)	12. COUNTY OFFIRISH 13. STATE  Lea N M.	
 16.		Other Data	
	NOTICE OF INTENTION TO:	QUENT REPORT OF :	
	TEST WATER SHUT-OFF PULL OR AITER CASING WATER SHUT-OFF	REPAIRING WBLL	

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Other) 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.) \*

## REMARKS

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

- WELL STATUS TR-O (To Be Reconditioned-Oil) 1.
- TEMPORARY ABANDONMENT DATE February, 1973 2.
- REASON FOR ABANDONMENT Not profitable to operate. 3.

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

FUTURE PLANS - The subject well is in Gulf's South Penrose Skelly Unit. 4. The Drinkard Zone will be abandoned when the Unit is terminated.

18. I hereby certify that the foregoing is true and correct ACCEPTED FOR RECORD DA TITLE (This space for Federal or State TITLE APPROVED BY \*See Instructions on Reverse StateBBS, NEW MEXICO CONDITIONS OF APPROVAL, IF ANY: