

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRI. DATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 2244

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Hughes Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Langlie Mattix (7R-Q-GB)

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

17-23S-37E

12. COUNTY OR PARISH

Lea

13. STATE

New Mexico

1. OIL ☐ GAS ☒ OTHER ☐ WIW

2. NAME OF OPERATOR

Samedan Oil Corporation

3. ADDRESS OF OPERATOR

10 Desta Drive, Suite 240 East, Midland, Texas, 79705

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

660' FEL & 660' FSL

14. PERMIT NO.

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

3335' KB

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) ☐

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.)*

NMOGCC requires work be completed prior to 2-28-87. Samedan Oil Corporation proposes to plug and abandon this well as per attached procedure. The well failed a NMOGCC casing integrity test. No other potential zones exist.

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

SIGNED William G. Murray

TITLE Div. Production Supt.

DATE 2/17/87

(This space for Federal or State office use)

APPROVED BY [Signature]
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

2-24-87