Form () (May 1	DEPARTMENI OF THE INTERIOR verse side)	5. LEASE DESIGNATION	NO. 42-R1424.	
	GEOLOGICAL SURVEY 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.)	LC 030186 (B) 6. IF INDIAN, ALLOTTEE OR TRIBE NAME		
1. 01L		7. UNIT AGREEMENT NAM	1 12	
WE		8. FARM OR LEASE NAME		
Wolfson Oil Company 3. Address of Operator C/O Hobbs Pipe & Supply Co., Box 2010, Hobbs, N. M. 88240		Cline Federal 9. WELL NO. 5		
				See
	990' FNL & 2315' FEL	11. SEC., T., A., M., OB BI SUBVEY OR ABEA 22 - 23 - 37	.E. AND	
14. PEI	INIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OB PARISH Lea	13. state N. M.	
16.	Check Appropriate Box To Indicate Nature of Notice, Report, or C	Other Data		
	NOTICE OF INTENTION TO: SUBSEQU	ENT REPORT OF:	 1	
	THE SHUT-OFF PULL OR ALTER CASING WATER SHUT-OFF SACTURE TREAT MULTIPLE COMPLETE FRACTURE TREATMENT	ALTEBING CA		
	HOOT OR ACIDIZE ABANDON* SHOOTING OR ACIDIZING	ABANDONMEN	XX	
	CHANGE PLANS (Other) (Note: Report results Completion or Recommit	of multiple completion of etion Report and Log form	m Well	
	SCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, proposed work. If well is directionally drilled, give subsurface locations and measured and true vertice nent to this work.)*	including estimated date	of starting any	
	1. Spotted a 25 sx plug to cover existing perfs., 3590/3602,	3640/3654'.		
	2. Loaded hole w/mud-laden fluids.			
	3. Placed a 25 sx plug inside 5-1/2" casing in interval 2500/2650'.			
	4. Spotted a 35 sx plug @ casing stub @ 2000'.			
	5. Placed a 35 sx plug @ 950/1050'.			
	6. Spotted a 35 sx plug 50' in and out of surface casing 0 625'.			
	7. Spotted a 10 sx top hole plug & erected a 4" regulation marker.			
	8. Well was plugged and abandoned on 11/12/73.			
18. I b	ereby certify that the foregoing is true and correct			
SIC	ENED Manley Mikin TITLE Agent		2/73	
(T	his space for Federal or State office use)	, rl.		
	PROVED BY TITLE FILLE			
20				

*See Instructions on Reverse Side