

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE\*  
(Other instructions reverse side)Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM-0393889

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Andee-U.S.A.

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Wildcat

11. SEC., T., R., M., OR B.L.K. AND  
SURVEY OR AREA

Sec. 24, T24S, R32E

12. COUNTY OR PARISH

Lea

13. STATE

N. Mex.

## SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug a well to a different reservoir.  
Use "APPLICATION FOR PERMIT" for such proposals.)

|                                                                                                                                                                                                                                             |  |                                                                   |                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------|------------------------------------|
| 1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>                                                                                                                            |  | 7. UNIT AGREEMENT NAME                                            |                                    |
| 2. NAME OF OPERATOR<br><b>Robert B. Holt</b>                                                                                                                                                                                                |  | 8. FARM OR LEASE NAME<br><b>Andee-U.S.A.</b>                      |                                    |
| 3. ADDRESS OF OPERATOR<br><b>801 First National Bank, Midland, Texas 79701</b>                                                                                                                                                              |  | 9. WELL NO.<br><b>1</b>                                           |                                    |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface<br><b>660' from South line, 660' from West line of<br/>Sec. 25, T24S, R32E, Lea Co., New Mexico</b> |  | 10. FIELD AND POOL, OR WILDCAT<br><b>Wildcat</b>                  |                                    |
| 14. PERMIT NO.                                                                                                                                                                                                                              |  | 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br><b>GR 3561'</b> | 12. COUNTY OR PARISH<br><b>Lea</b> |
|                                                                                                                                                                                                                                             |  |                                                                   | 13. STATE<br><b>N. Mex.</b>        |

## 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

## NOTICE OF INTENTION TO:

|                                                         |                                               |
|---------------------------------------------------------|-----------------------------------------------|
| TEST WATER SHUT-OFF <input checked="" type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/>                 | MULTIPLE COMPLETE <input type="checkbox"/>    |
| SHOOT OR ACIDIZE <input type="checkbox"/>               | ABANDON* <input type="checkbox"/>             |
| REPAIR WELL <input type="checkbox"/>                    | CHANGE PLANS <input type="checkbox"/>         |
| (Other) <input type="checkbox"/>                        |                                               |

## SUBSEQUENT REPORT OF:

|                                                    |                                          |
|----------------------------------------------------|------------------------------------------|
| WATER SHUT-OFF <input checked="" type="checkbox"/> | REPAIRING WELL <input type="checkbox"/>  |
| FRACTURE TREATMENT <input type="checkbox"/>        | ALTERING CASING <input type="checkbox"/> |
| SHOOTING OR ACIDIZING <input type="checkbox"/>     | ABANDONMENT* <input type="checkbox"/>    |
| (Other) <input type="checkbox"/>                   |                                          |

(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.)\*

Well spudded 3:00 a.m. 6/21/66.

Set 14 jts, 406' 7" casing, 24" OD, set @ 396'  
Cem with 75 ex reg, 50-50 pos, 2% gel; followed with 100 ex reg,  
2% Cal Chl. Cement circulated to surface. WOC 24 hours.  
Plug down 8:15 p.m. 6/21/66

Pressured to 1000# for 30 min. Held Okay.

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

SIGNED

TITLE **Individual - Operator** DATE **6/21/66**

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

JUN 27 1966

\*See Instructions on Reverse Side

J. L. GORDON  
ACTING DISTRICT ENGINEER

## 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 land 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 on any former or 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 plugs; mud 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.