

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SHUT-IN IN TRIPLI...  
(Other actions of re-...)

Form approved.  
Budget Bureau No. 42-R1424.

SUNDRY NOTICES AND REPORTS ON WELLS

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

1. ☐ OIL WELL ☒ GAS WELL ☐ OTHER

2. NAME OF OPERATOR  
Westates Petroleum Company

3. ADDRESS OF OPERATOR  
1600 Broadway, Suite 2600 - Denver, CO 80202

4. LOCATION OF WELL (Report location on map and in accordance with any state requirements.\*  
See also space 17 below.)  
At surface  
Unit F  
SE 1/4 NW 1/4 1-25S-37E

14. PERMIT NO. ELEVATIONS (Show whether dg, rt, or etc.)  
N/A

5. LEASE DESIGNATION AND SERIAL NO.  
LC 032579 (0)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME  
Fed. Lease

8. FARM OR LEASE NAME  
Carlson B-1

9. WELL NO.  
3

10. FIELD AND POOL, OR WILDCAT  
Langlie Mattix-Seven Rivers

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Section 1-25S-37E

12. COUNTY OR PARISH  
Lea

13. STATE  
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"/> | SEAL OR ALTER CASING <input type="checkbox"/> | WATER SHUT-OFF <input type="checkbox"/>        | REPAIRING WELL <input type="checkbox"/>  |
| FRACTURE TREAT <input type="checkbox"/>      | MULTIPLE COMPLETION <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) Temporary 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.\*

This well has been shut down since January, 1963, because it was then uneconomical to operate. Last rate of production was 3/4 barrels of oil per day.

We have no plans at this time for either remedial work or plugging.

These Regulations provide that any well which is no longer useful for purposes of the lease must be plugged and abandoned. A Notice of Intention to Abandon must be filed for approval prior to commencing any plugging work.

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

SIGNED [Signature] TITLE Area Manager DATE 10/21/74

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

ILLEGIBLE

\*See Instructions on Reverse Side