

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 032579 (e)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Fed. Lease

8. FARM OR LEASE NAME

Carlson B-26

9. WELL NO.

10. FIELD AND POOL, OR WILDCAT

Justis Blinbry

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

Section 26-25S-37E

12. COUNTY OR PARISH

Lea

13. STATE

New Mexico

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.)

1. ☐ OIL
WELL ☒ GAS
WELL ☐ OTHER

2. NAME OF OPERATOR

Westates Petroleum Company

3. ADDRESS OF OPERATOR

1600 Broadway, Suite 2360 - Denver, CO 80202

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

Unit J

NW $\frac{1}{4}$ SE $\frac{1}{4}$ 26-25S-37E

14. PERMIT NO.

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

3044 DF

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

REPAIR OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETION

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other) Temporary Abandonment

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other)

(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.)*

Production equipment has been removed, and this well is ready

for plugging.

A Notice of Intention to Abandon detailing
proper procedure must be filed for
approval prior to commencing any work.

This application was filed
MAY 1975

ILLEGIBLE

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

SIGNED Burt C. Dunn TITLE Area Manager

DATE 10/21/74

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side