

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE
(Other instructions on
reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 06470

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Covington Federal

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

Jalisco

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

Sec. 31, T-25-S; R-37-E

12. COUNTY OR PARISH 13. STATE

Lea

New Mexico

1.

OIL WELL ☐ GAS WELL ☐ OTHER **Plugged & Abandoned**

2. NAME OF OPERATOR

R TEXAS PACIFIC OIL CO., INC.

3. ADDRESS OF OPERATOR

P. O. Box 1069 - Hobbs, New Mexico 88240

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

Unit L, 1960' FSL & 660' PSL

14. PERMIT NO.

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

2983' DF

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 or 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 and 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.)*

1. **8-1-70 Rigged up. Pulled rods and tubing.**

2. **Set CIRP @ 2840'. Displaced well fluids with Gel Mud.**

3. **Spot 20 sk. cement on top of Bridge Plug.
Spot 20 sk. cement above top/salt @ 1050'.
Spot 10 sk. cement at surface.**

4. **Set dry hole marker. Filled cellar and cleaned location 8-9-70.**

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

SIGNED **Sheldon Ward**

TITLE **Area Superintendent**

DATE **8-21-70**

(This space for Federal or State office use)

APPROVED BY **OVER 25**
CONDITIONS OF APPROVAL IF ANY

TITLE

DATE

APPROVED

SEP 25 1970

*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.

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RECEIVED

SEP 20 1970

OIL CONSERVATION C. I.
HOBBS, N. M.