

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPlicate
(Other instruction
see back)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.
131-0359287

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Continental-Federal 29

9. WELL NO.
1

10. FIELD AND POOL, OR WILDCAT
Paduca - Delaware

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA
Sec. 29, T25S, R32E, NMPM

1. ☐ OIL WELL ☐ GAS WELL ☐ OTHER **Dry**

2. NAME OF OPERATOR
I. W. Lovelady

3. ADDRESS OF OPERATOR
P. O. Box 3468, Odessa, Texas

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface: **330' FSL & 990' FSL**

14. PERMIT NO.
30-025-20729

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3354.6' GR

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:

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 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 plugged November 18, 1964 as follows:
50 sack plug @ 4721' (Well drilled to T.D. of 4721')
25 sack plug @ 1488' (Top of Salt)
25 sack plug @ 589' (7 5/8" casing set @ 532')
15 sack plug @ Surface

Marker has been set @ surface.

We will notify you as soon as pits are cleaned up and location is ready for inspection.

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

SIGNED [Signature] TITLE **Office Manager**

DATE **Dec. 2, 1964**

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

