

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

5. LEASE DESIGNATION AND SERIAL NO.

LC 032582 (b)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR	NMFU
3. ADDRESS OF OPERATOR	Well's Field
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See instructions 17 below.)	8. FARM OR LEASE NAME
660' FNL & 1980' FWL Sec. 1, T-25S, R-36E, Lea County, New Mexico, NMPM.	9. WELL NO.
14. PLUG TO	10. NAME AND POOL OR WELLSHED
15. ELEVATIONS (Show whether DF, RT, CR, etc.)	NMFU Field
3252 GR	Custer, Lea County, NM
	11. SEC., T., R., M., & NEAREST SURVEY OR AREA
	Sec. 1-25-36
	12. COUNTY OR PARISH, STATE
	Lea, N.M.

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

NOTICE OF INTENTION TO:

WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
PLUG WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input 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.)

18. 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 proposed work.)*

Subject well has been plugged and abandoned because
drilling operations could not continue due to failure to retrieve
25 jts of 4 1/2" DP, bit, shock sub and 39 drill collars.

Subject well has been plugged with 500 sx cmt. W/8% gel
through DP @ 2565' WOC. Pumped in through 4 1/2" DP 500 sx cmt. plus
gel and 1/4" tuf plug. Top of cmt 2485'. Pumped 150 sx Class "A"
through 4 1/2" DP 1220 to 1065. From 1065 to surf. hole filled
with mud with 10' cement plug at surface.

The location has been returned to it original condition and
a four foot marker has been erected on the well site.

ILLEGIBLE

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

SIGNED SIGNED: ROBERT CAULT III TITLE Staff Supervisor DATE 1-26-65

(This space for Federal or State office use)

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

USGS-5, NMOCC-2 PAN AM HOBBS-3, JM, ATL ROS-2, CALIF HOUS & MID- 1 EA.

*See Instructions on Reverse Side