

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Expires August 31, 1985
LEASE DESIGNATION AND SERIAL NO.

NM-59044

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	6. INDIAN ALLOTTEE OR TRIBE NAME
2. NAME OF OPERATOR Cavalcade Oil Corporation	7. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR P. O. Box 16187, Lubbock, TX 79490	8. FARM OR LEASE NAME Cavalcade "21" Federal
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 685' FSL & 1650' FEL	9. WELL NO. 6
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, ST, OR, etc.)
10. FIELD AND POOL, OR WILDCAT Undesignated	11. SEC., T., R., OR B.L. AND SURVEY OR AREA Sec. 21, T18S, R32E
12. COUNTY OR PARISH Lea	13. STATE NM

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	☐	WATER SHUT-OFF	☐
FRACTURE TREAT	☐	FRACTURE TREATMENT	☐
SHOOT OR ACIDIZE	☐	SHOOTING OR ACIDIZING	☐
REPAIR WELL	☐	(Other)	☐
(Other)	☐	(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	☐
PULL OR ALTER CASING	☐	REPAIRING WELL	☐
MULTIPLE COMPLETE	☐	ALTERING CASING	☐
ABANDON*	☐	ABANDONMENT*	☒
CHANGE PLANE	☒		

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.)*

Cavalcade has decided not to drill the subject well. The location has been abandoned.

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

SIGNED [Signature] TITLE Vice President - Land DATE 8/6/86

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 8-26-86

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side