

Form 3160-5
(July 1989)
(Formerly 9-3.1)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RUC
OFFICE FOR NUMBER
OF COPIES RETURNED
(Other instructions on re-
verse side)

FMH Roswell District
Modified Form No.
H260-3160-4

clsf.

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 ☒ <i>inj.</i> <i>SIS</i>		2. NAME OF OPERATOR Socorro Petroleum Company ✓		3. ADDRESS OF OPERATOR P.O. Box 38, Loco Hills, NM 88255	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 330' FNL & 1980' FEL		5. AREA CODE & PHONE NO. 505/677-2360		6. LEASE DESIGNATION AND SERIAL NO. LC-029395-8A	
14. PERMIT NO.		15. ELEVATIONS (Show whether DT, RT, OR, etc.) 3660 GL		7. UNIT AGREEMENT NAME	
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA		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 names pertinent to this work.)		8. FARM OR LEASE NAME Turner "A"	
18. I hereby certify that the foregoing is true and correct		19. SIGNED _____		9. WELL NO. 9	
20. APPROVED BY _____		21. TITLE _____		10. FIELD AND POOL, OR WILDCAT Grayburg Jackson	
22. CONDITIONS OF APPROVAL, IF ANY:		23. DATE _____		11. SEC., T., R., M., OR D.M., AND SURVEY OR AREA 19-17S-31E	
24. DATE _____		25. DATE _____		12. COUNTY OR PARISH Eddy	
26. DATE _____		27. DATE _____		13. STATE NM	

APR 26 1991

O. C. D.

ARIESIA, OFFICE

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF
FRACTURE TREAT
SHUT-OFF OR ACIDIZING
REPAIR WELL
(Other)

XX

PULL OR ALTER Casing
MULTIPLE COMPLETION
ABANDON*
CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF
FRACTURE TREATMENT
SHUT-OFF OR ACIDIZING
(Other)

REPAIRING WELL
ALTERING CASING
ABANDONMENT*

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

It is proposed to bleed the injection tbg down. Release pkr. POH w/injection tbg. Clean out well bore. Treat if necessary to remove scale to increase injectivity. Place well back on injection. To accomplish this work it will be necessary to dig a pit to contain well effluent during workovers. All excess wtr will be trucked. Following this workover the working pit will be covered.

filled-in.

SIS

APR 18 9 46 AM '91
OFFICE
AREA

RECEIVED

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

SIGNED

[Signature]

TITLE

Consultant

DATE

4/16/91

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

4/23/91

*See Instructions on Reverse Side