

(November 1983)  
Formerly 9-331)

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
NM OIL CONS. COMMISSION  
Artesia, NM 88210

Expires August 31, 1985  
5. LEASE DESIGNATION AND SERIAL NO.

LC-069041

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

NA

8. FARM OR LEASE NAME

Welch "A"

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

Shugart (Y.S.R.Q.G.)

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

SURVEY OR AREA  
T-19-S, R-31-E,  
N.M.P.M., Section 4

12. COUNTY OR PARISH

Eddy

13. STATE

New Mexico

1. OIL WELL ☐ GAS WELL ☒ OTHER Injection Well T/A  
2. NAME OF OPERATOR Point Petroleum Corporation ✓  
3. ADDRESS OF OPERATOR P.O. Box 3805, Midland, Texas 79702  
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)  
At surface  
T-19-S, R-31-E, Section 4: 1650' FNL & 2310' FEL

14. PERMIT NO.

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

3584' 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) Wish to leave in T/A ☒

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.)\*

We request this well be left in temporary abandonment status for a period of one (1) year. We intend to re-complete this well in the Seven Rivers formation or use it as a SWD well. Plan to test the integrity of the casing within the next two weeks, we will forward a subsequent report when we have completed same.

APPROVED FOR 12 MONTH PERIOD

ENDING 12/18/86

Upon completion of satisfactory well test

RECEIVED BY

DEC 19 1985

O. C. D.

ARTESIA, OFFICE

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

SIGNED

TITLE President

DATE 12/6/85

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE 12-18-85

CONDITIONS OF APPROVAL, IF ANY:

Subject to  
Like Approval  
by State

\*See Instructions on Reverse Side

I, the undersigned, do hereby certify that the foregoing is true and correct, and I am not aware of any person knowingly and willfully making to any department or agency of the United States, any false, fictitious, or fraudulent statements or representations as to any matter within its jurisdiction.