| (No                                                                                                                                                                                                                                                                                                  | UNITED STATES remerly 9–331)  DEPARTM 'T OF THE INTERIOR BUREAU OF LAND MANAGEMENT  SUNDRY NOTICES AND REPORTS ON  (Do not use this form for proposals to drill or to deepen or plug back to the control of the control | WELLS                 | Budget Bureau No. 1004-0135 Expires August 31, 1985  5. LEASE DESIGNATION AND SERIAL NO.  NM 0/1/9  6. IF INDIAN, ALLOTTEE OR TRIBE NAME |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1.                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Als.)                 | 7. UNIT AGREEMENT NAME                                                                                                                   |  |
|                                                                                                                                                                                                                                                                                                      | WELLX WELL OTHER NAME OF OPERATOR George D. Riggs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                       | 8. FARM OR LEASE NAME Welch Federal                                                                                                      |  |
| 3.                                                                                                                                                                                                                                                                                                   | P.O. Box 116 Carlsbad, NM 88221                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       | 9. WELL NO. Rigge #3                                                                                                                     |  |
| 4.                                                                                                                                                                                                                                                                                                   | LOCATION OF WELL (Report location clearly and in accordance with any State See also space 17 below.) At surface                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | e requ <b>nective</b> | 10. FIELD AND POOL, OR WILDCAT Cedar Hills                                                                                               |  |
|                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | FEB 2 0 1991          | 11. SEC., T., R., M., OR BLK. AND<br>SURVEY OR ARMA                                                                                      |  |
|                                                                                                                                                                                                                                                                                                      | 2970' FSL & 990' FEL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | O. C. D.              | Sec 5-T21S-R27E, NMPM                                                                                                                    |  |
| 14.                                                                                                                                                                                                                                                                                                  | PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, 3250, GL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | GR, ARTESIA, OFFICE   | 12. COUNTY OR PARISH 13. STATE EDDY NM                                                                                                   |  |
| 16.                                                                                                                                                                                                                                                                                                  | Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                       |                                                                                                                                          |  |
|                                                                                                                                                                                                                                                                                                      | NOTICE OF INTENTION TO:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | SUBS                  | EQUENT REPORT OF:                                                                                                                        |  |
|                                                                                                                                                                                                                                                                                                      | TEST WATER SHUT-OFF PULL OR ALTER CASING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | WATER SHUT-OFF        | REPAIRING WELL                                                                                                                           |  |
|                                                                                                                                                                                                                                                                                                      | FRACTURE TREAT MULTIPLE COMPLETE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | FRACTUBE TREATMENT    | ALTERING CASING                                                                                                                          |  |
|                                                                                                                                                                                                                                                                                                      | SHOOT OR ACIDIZE ABANDON*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | SHOOTING OR ACIDIZING | TOO+ ABANDONMENT*                                                                                                                        |  |
|                                                                                                                                                                                                                                                                                                      | REPAIR WELL CHANGE PLANS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (Other)               |                                                                                                                                          |  |
|                                                                                                                                                                                                                                                                                                      | (Other)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Completion or Reco    | lits of multiple completion on Well Lipletion Report and Log form.)                                                                      |  |
| 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and nent to this work.) * |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       | tical depths for all markers and zones perti-                                                                                            |  |
|                                                                                                                                                                                                                                                                                                      | 1/18/91 the Riggs #3 downhole cleanup was accomplished and the Well Casing was successfully tested to 300 lbs:  1. A Packer on 2 3/8" tubing was set at 497'; 2. Thereafter the annulus between the tubing and the casing was filled with water and pressurized to 300#, per verbal agreement; 3. The test began at 4:05 p.m. and terminated at 4:45 p.m; 4. A pressure drop of only 20 lbs. in 40 minutes was observed, well within the allowed 30 lbs. in 15 minutes;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                       |                                                                                                                                          |  |
| Notices of the test were provided the BLM on 1/14/91 & 1/18/91.                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       |                                                                                                                                          |  |
|                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       | PROVED FOR <sup>12</sup> MONTH PERIOD<br>DING 3/1/92                                                                                     |  |

\*See Instructions on Reverse Side

TITLE \_

(This space for Federal or State office use)

Lease Agent

**675** 

CARISBAD NEW MEY

WILL FRIED FOR RELUGIS