

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLI
(Other instructions
verse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985

C/SF

SUNDRY NOTICES AND REPORTS ON WELLS

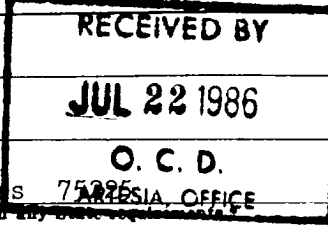
(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT" for such proposals.)

1. ☐ OIL WELL ☒ GAS WELL ☐ OTHER

2. NAME OF OPERATOR
M.J. Harvey, Jr.

3. ADDRESS OF OPERATOR
P.O. Box 12705, Dallas, Texas 75225

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface
1980'/E & 660'/S



5. LEASE DESIGNATION AND SERIAL NO.
NM-21495

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Harvey '29' Federal

9. WELL NO.
1

10. FIELD AND POOL, OR WILDCAT
Wildcat-San Andres

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 29, T20S, R26E

12. COUNTY OR PARISH
Eddy

13. STATE
N.M.

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3309' GR

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<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 checked="" type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

(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.) *

9/5/85 Total depth 84'.

Move cable tool rig off of hole. Fill hole with dry cuttings off of location. Filled remained of hole with 20 sx of cement. Cut off conductor pipe to ground level. Installed dry hole marker 5' above ground level. Cleaned surrounding surface of all debris. Job complete 9/5/84.



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

SIGNED Terry W. Franklin TITLE Agent DATE 9/7/84

(This space for Federal or State office use)

APPROVED BY Scott Adams TITLE ACTING DATE 7-22-84

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side