

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLI
(Other instructions on
reverse side)

Form approved.
Budget Bureau No. 1004-0138
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM01119

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Welch-Yates C Fed.

9. WELL NO.

Riggs #7

10. FIELD AND POOL, OR WILDCAT

Cedar Hills

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

Sec 5-T21S-R27E, NMPM

12. COUNTY OR PARISH 13. STATE

EDDY

NM

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.)

OIL WELL ☐ GAS WELL ☐ OTHER ☐

Lease Water Disposal

2. NAME OF OPERATOR

Bill Taylor

3. ADDRESS OF OPERATOR

1106 N. Country Club, Carlsbad, NM 88220

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)

See also space 17 below.
At surface

4122' FNL & 330' FEL

14. PERMIT NO.

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

3231' GL

16

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETION

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANE

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other) Spud-in Notice

(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.)

The Riggs #7 was spudded with Cable Tools at 14:37 p.m., 6/21/91, as the BLM was informed by telephone, prior to and subsequently.

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

SIGNED Bill Taylor

TITLE Operator

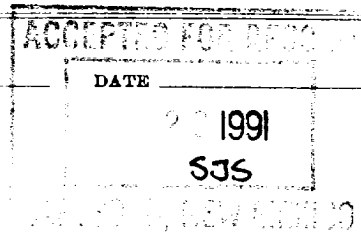
DATE 7/18/91

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:



*See Instructions on Reverse Side