

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL
(Other instructions
verse side)

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

ckf

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.)

RECEIVED

1. OIL WELL ☐ GAS WELL ☒ OTHER ☐ 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

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.
Biggs Fed. No. 7

10. FIELD AND POOL, OR WILDCAT
Cedar Hills Yates

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA
5-T21S-R27E, NMPM

12. COUNTY OR PARISH
EDDY

13. STATE
NM

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"/>	

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 type="checkbox"/>
(Other) <input checked="" type="checkbox"/> Test Surface Casing & BOP	XX

(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.)*

1/14/92: 3:45 p.m. to 4:25 p.m., tested 398' of 8 5/8", 32#, K-55, Surface Casing and Annular BOP at 500# as approved 10/31/91.
Pressure drop was less than 5%, well within regulations.

1/27/92: Drilled out below 8 5/8" casing after retesting BOP.

1992

EB

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

SIGNED Bill Taylor TITLE Operator DATE 1/27/92

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side