

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TR.
(Other instruction
reverse side)

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

CSF

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 ☐

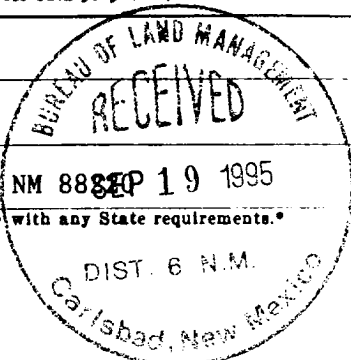
2. NAME OF OPERATOR
Bill Taylor

3. ADDRESS OF OPERATOR
1106 N. Country Club, Carlsbad, NM 88501

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
2310' FSL & 1650' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3294' GL



5. LEASE DESIGNATION AND SERIAL NO
NMO1119

6. IF INDIAN, ALLOTMENT DESIGNATION
NM OIL CONS COMMISSION
Drawer DD
ADDRESS NM 88210

7. AGREEMENT NAME

8. FARM OR LEASE NAME
Welsh Federal

9. WELL NO.
Taylor Fed. No. 8

10. FIELD AND POOL, OR WILDCAT
Cedar Hills Yates

11. SEC., T., R., M., OR BLK. AND
SUBVY 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 checked="" 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 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.)*

Have been unable to isolate potential oil zones from large volumes of water;

Intend to pull 5 1/2" liner, and Temporary Abandon hole, move Drilling Rig to Riggs 3, do remedial work on Riggs 3; compare lessons of Riggs 3 to Taylor 8, and either return to complete Taylor 8 as a producing oil well, or file plans to properly plug and abandon Taylor 8.

RECEIVED

NOV 02 1995

OIL CON. DIV.
DIST. 2

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

SIGNED Bill Taylor

TITLE

Operator

DATE

9/19/95

(This space for Federal or State office use)

(ORIG. SGD.) JOE G. LARA

TITLE

PETROLEUM ENGINEER

DATE

10/31/95

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side