

UNITED STATES
DEPARTMENT OF THE INTERIOR
MINERALS MANAGEMENT SERVICE

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 Form MMS-331-C for such proposals.)

1. oil well ☐ gas well ☒ other

2. NAME OF OPERATOR
Falcon Seaboard Oil Company

3. ADDRESS OF OPERATOR (Where form is completed)
5 Post Oak Park #1400, Houston, Texas 77027

4. LOCATION OF WELL (Report location in accordance with instructions* and Item 16.)

AT SURFACE: 889 FNL, 1087 FWL

AT TOP PROD. INTERVAL: Same

AT TOTAL DEPTH: Same

15. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA REQUEST FOR APPROVAL TO:

ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
PERFORATE ☐
PERMANENT ABANDONMENT ☐
TEMPORARY ABANDONMENT ☐
ARTIFICIAL LIFT ☐
(Other) ☐

SUBSEQUENT REPORT OF:

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5. LEASE NO.

NMNM 18323

6. AREA & BLOCK

Section 24 T29N R4W

7. WELL NO.

29-4 Carson 24#1

8. UNIT AGREEMENT

9. FIELD

Basin Fruitland Coal

10.

EXPLORATION ☐
DEVELOPMENT ☒

11. ADJACENT STATE

12. API NO.

3003924821

13. ELEVATIONS

RKB 7023' DF 7022

14. WATER DEPTH

N/A

(NOTE: Report results of multiple completion or zone change on Form MMS-330.)

16. 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.)*

October 10, 1992 - Removed two (2) 400 Bbl storage tanks and production facilities from location.

RECEIVED

JAN 29 1993

OIL CON. DIV.

DIST. 3

THIS APPROVAL EXPIRES AUG 01 1993

070 FARMINGTON, NM

93 JAN 21 AM 11:33

RECEIVED
BLM

Subsurface Safety Valve: Manu. and Type None Set @ N/A Ft.

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

SIGNED [Signature] TITLE Manager of Production DATE Jan. 4, 1993

(This space for Federal or State office use)

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

APPROVED

JAN 25 1993

AREA MANAGER