

(JUNE 1990)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division

1625 N. French  
Hobbs, NM 88240

FORM APPROVED

Budget Bureau No. 1004-0135

Expires March 31, 1993

5. Lease Designation and Serial No.

NMNM0245247

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

McELVAIN #3

9. API Well No.

30-025-28557

10. Field and Pool, or Exploratory Area

E K BONE SPRING

11. County or Parish, State

LEA CO., NEW MEXICO

## SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals of drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT --" FOR PROPOSALS

## SUBMIT IN TRIPLICATE

## 1. Type of Well

☒ Oil Well   ☐ Gas Well   ☐ Other

## 2. Name of Operator

C. W. TRAINER

## 3. Address and Telephone No.

c/o Oil Reports &amp; Gas Services, Inc. 1008 W. Broadway, Hobbs, NM 88240 505/393-2727

## 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Section 30, T18S, R34E, 766' FSL &amp; 731' FWL

## 12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input checked="" type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Dispose Water
		(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log Form).

## 13. 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.)

Found 5 1/2" casing parted @ 5100'. Ran 5 1/2" w/5 1/2" collar on bottom and 8'7" slip.

## 14. I hereby certify that the foregoing is true and correct

Signed

*Ray Heard*

Title

AGENT

Date

01/12/2000

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any:

Title 18 U. S. C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United State any false, fictitious or fraudulent statement or representations as to any matter within jurisdiction.

FEB 23 2000  
BUREAU OF LAND MANAGEMENT  
NEW MEXICO

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