

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

625 N. French Drive
Hobbs, NM 88240

Budget Bureau No. 1004-0135

Expires March 31, 1993

5. Lease Designation and Serial No.

NMNM-011827

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

FEDERAL 20 #1

9. API Well No.

30-025-28420 25527

10. Field and Pool, or Exploratory Area

JALMAT T-Y-SR (OIL)

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

CHANCE PROPERTIES

3. Address and Telephone No.

c/o OIL REPORTS & GAS SERVICES, INC. P. O. BOX 755, HOBBS, NM 88241

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

UNIT N, SEC 20, T23S, R36E
990 FSL & 2310 FVL

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 checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other <u>Request for Extension</u>
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<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.)

Request 60 day extension for corrective action

DENIED

OCT 10 1990

NOV 12 1990

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

Signed

Boye Heard

Title

AGENT

Date

09/27/99

(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.

GWW

Bureau of Land Management
Roswell Office
Condition of Approval

627-0272

At the expiration of this approval, this well must be returned to beneficial use or plugged and abandoned.

~~_____ extensions to this approval must be accompanied by a written justification and an estimated date that the well will be returned to beneficial use or plugged and abandoned.~~