

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
HOBBS, NEW MEXICO 88240

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

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 Injection Well 30-005-01119

2. NAME OF OPERATOR Circle Ridge Production, Inc.

3. ADDRESS OF OPERATOR c/o Oil Reports & Gas Services, Inc. Box 755 Hobbs, NM 88241

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface 1980' FSL & 2310' FEL of Sec. 21

14. PERMIT NO unit J

15. ELEVATIONS (Show whether at, to, or, etc.)
4230 CR

5. LEASE DESIGNATION AND SERIAL NO. LC-060821-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME West Cap Queen Sand Uni

8. FARM OR LEASE NAME Tract 11

9. WELL NO.

10. FIELD AND POOL, OR WILDCAT Caprock Queen

11. SEC., T., R., E., OR BLK. AND SURVEY OF AREA Sec. 21 T14S R31E

12. COUNTY OR PARISH Chaves STATE NM

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"/>	

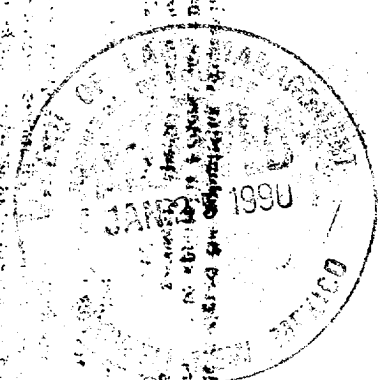
SUBSEQUENT REPORT OF:

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) <u>Temporary Abandonment</u> <input checked="" type="checkbox"/>	

(Note: Report results of multiple completion on Well Completion or Recombination 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 washers and spaces pertinent to this work.)

Request that subject well be placed on a temporarily abandoned status 1/1/90. Last water injected November 1975.



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

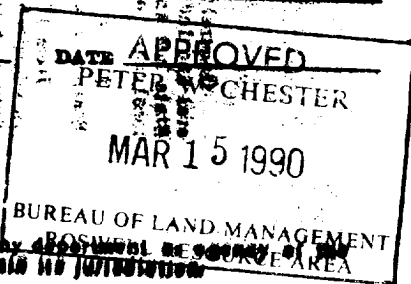
SIGNED Thomas Walls TITLE Agent

DATE 1/22/90

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

Send results of NMCCD casing test.
APPROVED FOR 12 MONTH PERIOD ENDING MAR 15 1991
*See instructions on Reverse Side



STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

NO. OF COPIES RECEIVED			
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SANTA FE			
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LAND OFFICE			
TRANSPORTER	OIL		
	NAT		
OPERATOR			
OPERATION OFFICE			

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
Circle Ridge Production, Inc.

Address
c/o Oil Reports & Gas Services, Inc., Box 755, Hobbs, NM 88241

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	Effective 3/19/88
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casingshead Gas	
	<input type="checkbox"/> Dry Gas	
	<input type="checkbox"/> Condensate	

If change of ownership give name and address of previous owner General Operating Company, Box 755, Hobbs, NM 88241

DESCRIPTION OF WELL AND LEASE

LC-060821-A

Lease Name West Cap Queen	Well No. 2	Pool Name, including Formation Caprock Queen	Kind of Lease State, Federal or Fee Federal	Lease No. Above
Location				
Unit Letter <u>J</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>2310</u> Feet From The <u>East</u>				
Line of Section <u>21</u> Township <u>14 S</u> Range <u>31 E</u> , NMPM, <u>Chaves</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
None - Injection Well	
Name of Authorized Transporter of Casingshead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit	Sec.
Twp.	Rgs.

If this production is commingled with that from any other lease or pool, give commingling order number: _____

NOTE: Complete Parts IV and V on reverse side if necessary.

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

[Signature]
(Signature)

Agent
(Title)

3/23/88
(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 24 1988, 19 _____

BY Paul Kautz
Orig. Signed by
Geologist

TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. RESERVOIR AND SERIAL NO.
2300321A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. NAME OF WELL
**West Cap, Queen Sand Unit
Tr. 11**

9. WELL NO.
2

10. FIELD AND POOL, OR WILDCAT
Caprock Queen

11. SEC., T., R., M., OR BLK. AND
TRAIL OR AREA
Sec. 21, T14S, R31E

1. OIL WELL GAS WELL OTHER
Temporarily Abandoned

2. NAME OF OPERATOR
General Operating Company

3. ADDRESS OF OPERATOR
c/o Oil Reports & Gas Services, Inc., Box 763, Hobbs, N.M. 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface **1980' FSL & 2310' FEL of Sec. 21**

14. PERMIT NO.

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

12. COUNTY OR PARISH
Chaves

13. STATE
N M

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.)*

Papers have been filed to change operating name from Chaves Oil, Ltd. to General Operating Company, effective 4/1/77.

It is requested that the subject will be allowed to stand temporarily abandoned pending study of possibility of returning well to production.

RECEIVED

MAY 04 1977

U.S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED *William Haller*

TITLE **Agent**

DATE **5/2/77**

(This space for Federal or State office use)

APPROVED BY *Joe G. Lara*
CONDITIONS OF APPROVAL, IF ANY:

TITLE **ACTING DISTRICT ENGINEER**

DATE **MAY 9 - 1977**

UNLESS FURTHER APPROVED, WELL MUST
BE PUT TO BENEFICIAL USE OR PLUGGED BY
APRIL - OCTOBER **OCT 1 - 1977**

*See Instructions on Reverse Side

Instructions

General: This form is designed for submitting proposals to perform certain well operations, and reports of such operations when completed, as indicated, on Federal and Indian lands pursuant to applicable Federal law and regulations, and, if approved or accepted by any State, on all lands in such State, pursuant to applicable State law and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 17: Proposals to abandon a well and subsequent reports of abandonment should include such special information as is required by local Federal and/or State offices. In addition, such proposals and reports should include reasons for the abandonment; data on any former or present productive zones, or other zones with present significant fluid contents not sealed off by cement or otherwise; depths (top and bottom) and method of placement of cement plugs; mud or other material placed below, between and above plugs; amount, size, method of parting of any casing, liner or tubing pulled and the depth to top of any left in the hole; method of closing top of well; and date well site conditioned for final inspection looking to approval of the abandonment.

GPO 680-379

RECEIVED
MAY 10 1977

D. C. C.
ARTESIA, OFFICE

RECEIVED
MAY 10 1977
ARTESIA, OFFICE