

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Project Data on No. 1004-1
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

LC-029489 B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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
Dallas McCasland
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 660' FNL & 1980' FEL of Sec. 3

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Corbin "A"

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

Maljamar GB-SA

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 3, T18S R33E

12. COUNTY OR PARISH 13. STATE

Lea

NM

14. PERMIT NO.

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

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other) Perf & Test Queen

XX

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other)

(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.)*

It is proposed to run Gamma Ray-Neutron log, set ret. bridge plug at 4300, perforate Queen as indicated by log. Treat as necessary and test for commercial production.

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

SIGNED

Blaine Walker

TITLE

Agent

DATE

12/12/86

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

12-19-86

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

RECEIVED

DEC 22 1986

**OCD
HOBBS OFFICE**