

November 1983)
Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN ☐ DUPLICATE
(Other instructions on reverse side)

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.)

5. LEASE DESIGNATION AND SERIAL NO.

NM-14794

8. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Maduro Federal U

8. FARM OR LEASE NAME

9. WELL NO.

4

10. FIELD AND POOL, OR WILDCAT

Gem Morrow Ga

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

Sec. 29 T-19-S R-33-E

12. COUNTY OR PARISH 13. STATE

Lea

NM

OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

Union Oil Company of California

3. ADDRESS OF OPERATOR

P.O. Box 671 - Midland, Texas 79702

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface

460' FNL & 1980' FEL of Sec. 29

14. PERMIT NO.

15. ELEVATIONS (Show whether DV, ST, GR, etc.)

3600.6' GR

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENTS

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

work

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.)

See attached.

RECEIVED
MAR 8 10 53 AM '90
OAT
AREA

ACCEPTED FOR RECORD

Ad

MAR 16 1990

CARLSBAD, NEW MEXICO

I hereby certify that the foregoing is true and correct

SIGNED

Bobby Bryan

TITLE

Dir. Supt.

DATE

3-2-90

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side

Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

4-11-00

MAR 19 1999

OCD
HOBBS OFFICE