

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on re-
verse 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.
LC-030143A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
Reed Sanderson Unit

8. FARM OR LEASE NAME
Reed Sanderson Unit

9. WELL NO.
12

10. FIELD AND POOL, OR WILDCAT
Evmont water 7-Rosa Queen

11. SEC., T., R./BL. OR BLM. AND SURVEY OIL AREA
Sec. 3, T-20S, R-36E

12. COUNTY OR PARISH
Lea

13. STATE
N.M.

1. OIL WELL GAS WELL OTHER Injection Well-Water
2. NAME OF OPERATOR Caraco Inc.
3. ADDRESS OF OPERATOR P. O. Box 460, 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 unit letter O
660' FSL & 2310' FEL
14. PERMIT NO. 30-025-04185
15. ELEVATIONS (Show whether DP, RT, GR, etc.)

16. 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) Shut-in Well

PULL OR ALTER CASING
MULTIPLE COMPLETE
ABANDON*
CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF
FRACTURE TREATMENT
SHOOTING OR ACIDIZING
(Other) Report casing integrity test

REPAIRING WELL
ALTERING CASING
ABANDONMENT*

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting and 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.)

A casing integrity test was run 5-24-89 on the referenced well (chart attached). We respectfully request permission for the well to remain shut-in.

RECEIVED
JUN 22 1989

18. I hereby certify that the foregoing is true and correct
SIGNED Melvin Simpson for Admin. Supervisor TITLE Admin. Supervisor DATE 6-22-89
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

12 MONTH PERIOD

7/10/90

*See Instructions on Reverse Side

SJS