

(July 1989) (Formerly 9-331)

P. O. BOX 1010

HOESB, NEW MEXICO 88240

UNITED STATES

DEPARTMENT OF THE INTERIOR

BUREAU OF LAND MANAGEMENT

## 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.)

OFFICE FOR NUMBER  
OF COPIES REQUIRED  
(Other instructions on re-  
verse side)

ALL RIGHTS RESERVED

Modified Form No.

NM60-3160-4

5. LEASE DESIGNATION AND SERIAL NO.

NM 63016

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Belco AIA Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Undes. Bone Springs

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

Unit J, Sec. 14-T20S-R32E

14. PERMIT NO.

30-025-26826

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

3539' GR

12. COUNTY OR PARISH

Lea

13. STATE

NM

16.

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

## NOTICE OF INTENTION TO:

## SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

☐

PULL OR ALTER CASING

☐

WATER SHUT-OFF

☐

REPAIRING WELL

☐

FRACTURE TREAT

☐

MULTIPLE COMPLETE

☐

FRACTURE TREATMENT

☐

ALTERING CASING

☐

SHOOT OR ACIDIZE

☒

ABANDON\*

☐

SHOOTING OR ACIDIZING

☐

ABANDONMENT\*

☐

REPAIR WELL

☐

CHANGE PLANS

☐

(Other)

(Other) Test Bone Springs Sand

☒(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.) \*

Propose to test Bone Springs Sand 9602-9762' and treat as necessary to obtain production.

Recompletion will be filed if successful.

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

SIGNED [Signature]TITLE Production SupervisorDATE 3-1-91

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_

TITLE \_\_\_\_\_

DATE 3-11-91

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side