

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

**OIL CONSERVATION DIVISION**  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

WELL API NO. <u>20-025-27710</u>
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.

**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" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	7. Lease Name or Unit Agreement Name <u>TCN1</u>
2. Name of Operator <u>LBG NEW MEXICO, INC.</u>	8. Well No. <u>712</u>
3. Address of Operator <u>4101 BIRCH ST., S. FE 130 NEWPORT BENCH, CAFE, 9200</u>	9. Pool name or Wildcat <u>ABO - D20-KALD</u>
4. Well Location Unit Letter <u>I</u> : <u>2300</u> Feet From The <u>SOUTH</u> Line and <u>450</u> Feet From The <u>EAST</u> Line Section <u>22</u> Township <u>19S</u> Range <u>38E</u> NMPM <u>LEN</u> County	

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
<b>NOTICE OF INTENTION TO:</b>	<b>SUBSEQUENT REPORT OF:</b>
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input type="checkbox"/>

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

- ADDITIONAL WORK
- (1) DRILL OUT LIBRA 6550
  - (2) SQUEEZE DRILLING PERKS 6622-674
  - (3) DRILL OUT PLUG AND ABANDON TO 7700
  - (4) LUG ON
  - (5) OPEN WELL COMPLETE ABO
- ANTHRACITE WORK TO ABO 8-10-85

**ILLEGIBLE**

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Donald A. Tamm TITLE Assistant DATE 8/8/85  
(SIS)  
TYPE OR PRINT NAME Donald A. Tamm TELEPHONE NO. 682 1114

(This space for State Use)  
**ORIGINAL SIGNED BY JERRY SEXTON**  
**DISTRICT I SUPERVISOR**

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: