

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: September 30, 1990

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

5. Lease Designation and Serial No.

LC-030557-A

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Farney A-17 #1

9. API Well No.

10. Field and Pool, or Exploratory Area

Jalmat Tansill Yates SR

11. County or Parish, State

Lea County, NM

SUBMIT IN TRIPLICATE

1. Type of Well

Oil Well Gas Well Other

2. Name of Operator

Lanexco, Inc.

3. Address and Telephone No.

P.O. Box 1206 Jal, New Mexico 88252 505-395-3056

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1980' FNL & 1980' FWL

S-17, T-23-S, R-36-E

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- Notice of Intent
 Subsequent Report
 Final Abandonment Notice

TYPE OF ACTION

- Abandonment
 Recompletion
 Plugging Back
 Casing Repair
 Altering Casing
 Other
- Change of Plans
 New Construction
 Non-Routine Fracturing
 Water Shut-Off
 Conversion to Injection

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

13. 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.)*

Dig out cellar. 8 5/8 casing has hole in it. Also 5 1/2 casing has a hole just below the surface.
Weld a plate on the 5 1/2 and weld a plate on the 8 5/8".
May need to circulate the hole with fresh water before welding. After holes are welded up, test casing to 500 psi.
This prior to workover and recompletion procedure.
Will notify BLM in advance to witness work.

RECEIVED
 OCT 15 8 42 AM '90
 CARETAKER'S OFFICE
 AREA OPERATIONS DIVISION

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

Signed Mike Copeland

Title Production Supt.

Date 10-11-90

(This space for Federal or State office use)

Approved by _____
Conditions of approval, if any: _____

Title _____

Date 10 18 90