

UNITED STATES N. M. OIL CONSERVATION COMMISSION  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
HOBBS, NEW MEXICO 88240

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.)

1. OIL WELL  GAS WELL  OTHER  Injection Well

2. NAME OF OPERATOR  
Circle Ridge Production Inc.

3. ADDRESS OF OPERATOR  
P.O. Box 755 Hobbs, NM 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\* See also space 17 below.)  
At surface  
1980' FSL & 660' FWL of Sec. 34

14. PERMIT NO. \_\_\_\_\_ 15. ELEVATIONS (Show whether DF, RT, GR, etc.) \_\_\_\_\_

5. LEASE DESIGNATION AND SERIAL NO.  
NM-03927

6. IF INDIAN, ALLOTTEE OR TRIBE NAME \_\_\_\_\_

7. UNIT AGREEMENT NAME \_\_\_\_\_

8. FARM OR LEASE NAME  
Drickey  
Queen Sand Unit Tr. 13

9. WELL NO. \_\_\_\_\_

10. FIELD AND POOL OR WILDCAT  
3  
Caprock Queen

11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA  
Sec. 34, T13S, R31E

12. COUNTY OR PARISH  
Chaves

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 <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Temporarily Abandoned</u>	
(Other) _____		(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.)

Request that subject well be placed in a temporarily abandoned status effective 2/1/90. Last injection November 1983.

RECEIVED  
Mar 12 8 48 AM '90  
BUREAU OF LAND MGT  
ROSWELL RESOURCE AREA

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

SIGNED Peter W. Chester TITLE Agent DATE 3/6/90

(This space for Federal or State office use)

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

CONDITIONS OF APPROVAL, IF ANY:  
Send reports of NMOCB casing test

APPROVED FOR 12 MONTH PERIOD  
ENDING MAR 20 1991

\*See Instructions on Reverse Side

APPROVED  
DATE PETER W. CHESTER  
MAR 20 1990  
BUREAU OF LAND MANAGEMENT  
ROSWELL RESOURCE AREA

71 B

RECEIVED

MAR 23 1990

CCD  
HOBBS OFFICE