

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

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.)

1. OIL WELL GAS WELL OTHER Water Injection 30-005-61092

2. NAME OF OPERATOR
Circle Ridge Production, Inc.

3. ADDRESS OF OPERATOR
c/o Oil Reports & Gas Services, Inc. Box 755 Hobbs, NM 88241

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below)
At surface
1982' FNL & 660' FEL of Sec. 17
Unit H

5. LEASE DESIGNATION AND SERIAL NO.
NM-03210

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
West Cap Queen Sand Unit

8. FARM OR LEASE NAME
Tract 4

9. WELL NO.
Tract 4 #1

10. FIELD AND POOL, OR WILDCAT
Caprock Queen

11. SEC., T., R., N., OR BLK. AND SURVEY OR AREA
Sec. 17, T14S, R31E

12. COUNTY OR PARISH
Chaves

13. STATE
NM

14. PERMIT NO.
4134

15. ELEVATIONS (Show whether DF, RT, OR, etc.)

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

NOTICE OF INTENTION TO:

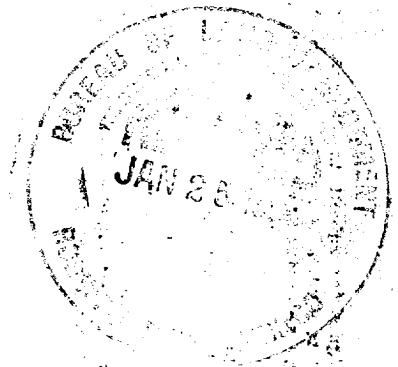
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING 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 PLANE <input type="checkbox"/>	(Other) <u>Temporary Abandonment</u> <input checked="" type="checkbox"/>	

(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 on a temporarily abandoned status 1/1/90. Last water injected December 1976.



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

SIGNED Alanna Walker TITLE Agent DATE 1/23/90

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:
Send results of NMOC casing test

APPROVED FOR 12 MONTH PERIOD
ENDING MAR 15 1991
See Instructions on Reverse Side

APPROVED
DATE MAR 15 1990
BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA

RECEIVED

MAR 19 1990

OCD
HOBBS OFFICE