

Office

District I - (575) 393-6161

1625 N. French Dr., Hobbs, NM 88240

District II - (575) 748-1283

811 S. First St., Artesia, NM 88210

District III - (505) 334-6178

1000 Rio Brazos Rd., Aztec, NM 87410

District IV - (505) 476-3460

1220 S. St. Francis Dr., Santa Fe, NM

87505

**HOBBS OCD**

Energy, Minerals and Natural Resources

Revised August 1, 2011

**SEP 22 2011****OIL CONSERVATION DIVISION**

1220 South St. Francis Dr.

Santa Fe, NM 87505

**RECEIVED**

WELL API NO.

30-025-33547

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil &amp; Gas Lease No.

MS-0004

7. Lease Name or Unit Agreement Name

STATE S

8. Well Number #1

9. OGRID Number

10. Pool name or Wildcat

BSW-SALADO

**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 ☐ Gas Well ☐ Other Brine Well

2. Name of Operator

Key Energy Services

3. Address of Operator

Box 99 Eunice, N.M. 88231

4. Well Location

Unit Letter E : 1340 feet from the N line and 330 feet from theW lineSection 15Township 21SRange 37E

NMPM

County LEA

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

**12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data****NOTICE OF INTENTION TO:**PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐TEMPORARILY ABANDON ☐ CHANGE PLANS ☐PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐DOWNHOLE COMMINGLE ☐

OTHER:

☒**SUBSEQUENT REPORT OF:**REMEDIAL WORK ☐ ALTERING CASING ☐COMMENCE DRILLING OPNS. ☐ P AND A ☐CASING/CEMENT JOB ☐

OTHER: TEST FORMATION TO 350#

☐

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

PRESSURE FORMATION TO 350# WITH FRESH WATER FOR 4 HR TEST TEST DATE 9-29-2011

Spud Date:

Rig Release Date:

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

SIGNATURE

TITLE

DATE

Type or print name

E-mail address:

PHONE:

**For State Use Only**

APPROVED BY:

TITLE

DATE

Conditions of Approval (if any):

# American Valve & Meter, Inc.

1113 W. BROADWAY

P.O. BOX 166

HOBBS, NM 88240

TO: Key

DATE: 07-15-77

This is to certify that:

I, Bud Collins, Technician for American Valve & Meter,

Inc., has checked the calibration of the following instrument.

8" pressure recorder Serial No: B131

at these points.

Pressure 0-500<sup>psi</sup> Temperature \_\_\_\_\_

<u>Test</u>	<u>Found</u>	<u>Left</u>	<u>Test</u>	<u>Found</u>	<u>Left</u>
<u>0</u>	—	<u>0</u>	—	—	—
<u>250</u>	—	<u>250</u>	—	—	—
<u>350</u>	—	<u>350</u>	—	—	—
<u>500</u>	—	<u>500</u>	—	—	—
<u>100</u>	—	<u>100</u>	—	—	—
<u>0</u>	—	<u>0</u>	—	—	—

Remarks: \_\_\_\_\_

Signature Bud Collins



