

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTRACT RECEIVING
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(Other instructions on re-
verse side)

BLM Roswell District
Modified Form No.
NM60-3160-4

457

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. LC029342-A	
2. NAME OF OPERATOR Double I, Inc. ✓		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Box 98 Loco Hills, NM 88255		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FSL & 1650' FWL		8. FARM OR LEASE NAME Wooley Federal	
14. PERMIT NO.		9. WELL NO. 3	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3634.8 GL		10. FIELD AND POOL, OR WILDCAT Loco Hills Abo	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA S21, T17S, R30E		12. COUNTY OR PARISH Eddy	
13. STATE NM		13. STATE NM	

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"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
(Other) <input type="checkbox"/>	

(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.) *

12/5/90 To 12/21/90

Cleaned scale out of wellbore. Chemically squeezed formation to reduce scale buildup. Changed pump.

JAN 3 10 11 AM '91
OAR
AREA

RECEIVED

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

SIGNED Michael R. Bulth

TITLE Gen. Mgr.-I & W Inc.

DATE 12/27/90

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side