

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NO OIL COM.
Drilling UD
SUBMIT IN TRIPPLICATE
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO

44-057523

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.)

OIL WELL ☒ GAS WELL ☐ OTHER

RECEIVED

2. NAME OF OPERATOR

TRINITY UNIVERSITY AND CLOSUIT

3. ADDRESS OF OPERATOR

P. O. Box 6A, Loco Hills, New Mexico 88255

MAY 16 '88

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)

At surface

O. C. D.
ARTESIA, OFFICE

Unit I, 355' FEL, 1650' FSL

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Superior Foster

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Grayburg Jackson, SR-Q-G-SA

11. SEC., T., R., OR BLE. AND SURVEY OR AREA

Sec 17, T 17S, R 31E

12. COUNTY OR PARISH 13. STATE

Eddy

N. Mex.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANE

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Change of Operator

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(NOTE: Report results of multiple completion on Well Completion or Recombination 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 some pertinent to this work.)*

Effective January 1, 1988, the above wells operator has changed from Murchison and Closuit of the same address to Trinity University and Closuit, P. O. Box 6A, Loco Hills, New Mexico 88255. All subsequent reports will now be coming to this office.

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

SIGNED

[Signature]

TITLE Agent

DATE

4/30/88

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

MAY 12 1988

*See Instructions on Reverse Side

SJS
CARLSBAD, NEW MEXICO