

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING
OFFICE FOR NAME
OF COPIES RFDL
(Other instructions on re-
verse side)

MM Roswell District
Modified Form No.
MMD-3160-4

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"/>		2. NAME OF OPERATOR Socorro Petroleum Company /		3. ADDRESS OF OPERATOR P.O. Box 38, Loco Hills, NM 88255		4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FNL & 1980' FEL		5. AREA CODE & PHONE NO. 505/677-2360		6. LEASE DESIGNATION AND SERIAL NO. LC 029548 A		7. IF INDIAN, ALLOTTEE OR TRIBE NAME		8. UNIT AGREEMENT NAME		9. FARM OR LEASE NAME C.A. Russell		10. WELL NO. 9		11. FIELD AND POOL, OR WILDCAT Grayburg Jackson QGSA		12. SEC., T., R., M., OR BLE. AND SURVEY OR AREA Sec. 18-T17S-R31E		13. COUNTY OR PARISH Eddy		14. STATE NM	
14. PERMIT NO. 3001505222		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3705' GR		16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		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.) 6/1/91 Began pumping well.		18. I hereby certify that the foregoing is true and correct SIGNED <u>John Gould, Jr.</u> TITLE <u>Manager</u> DATE <u>7/10/91</u> (This space for Federal or State office use) APPROVED BY _____ TITLE _____ DATE _____ CONDITIONS OF APPROVAL, IF ANY: _____		19. *See Instructions on Reverse Side		Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within the jurisdiction of the															

RECEIVED
JUL 18 1991
O. C. D.
ARTESIA OFFICE

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF
FRACTURE TREAT
SHOOT OR ACIDIZE
REPAIR WELL
(Other)

PULL OR ALTER CASING
MULTIPLE COMPLETE
ABANDON*
CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF
FRACTURE TREATMENT
SHOOTING OR ACIDIZING
(Other) Began pumping well

REPAIRING WELL
ALTERING CASING
ABANDONMENT*

XX

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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

SIGNED John Gould, Jr.

TITLE Manager

DATE 7/10/91

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY: _____

TITLE _____

DATE _____

*See Instructions on Reverse Side