

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING  
OFFICE FOR HANDLING  
OF COPIES REQUIRED  
(Other instructions on reverse side)

MM Roswell District  
Modified Form No.  
M460-3160-4

015F

RECEIVED

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.)

FEB -1 '90

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		2. NAME OF OPERATOR Socorro Petroleum Company		3a. Area Code & Phone No. 505/677-2360		6. LEASE DESIGNATION AND SERIAL NO. LC-029395 (A)	
3. ADDRESS OF OPERATOR P.O. Box 38, Loco Hills, NM 82855		7. UNIT AGREEMENT NAME		8. FARM OR LEASE NAME Turner "A"		9. WELL NO. 12	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 330' FNL & 660' FEL (Unit Letter A)		5a. Area Code & Phone No. 505/677-2360		10. FIELD AND POOL, OR WILDCAT SR-B-6-SA		11. SEC., T., R., E., OR BLK. AND SURVEY OR AREA Grayburg Jackson	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3675' DF		12. COUNTY OR PARISH Eddy		13. STATE NM	

16. 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"/>	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>Restart Well</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.) \*

Began Pumping Well 1/19/90.

RECEIVED

ACCEPTED FOR RECORD

APR 11 1990

CARISBAG NEW MEXICO

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

SIGNED <u>Bernard Stull</u>	TITLE <u>Manager</u>	DATE <u>1/25/90</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

\*See Instructions on Reverse Side