

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

NM OIL CONS COMMISSION  
Crawford DD  
Artesia, NM 88210

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well  
☐ Oil Well ☐ Gas Well ☒ Other WIW

2. Name of Operator  
SOCORRO PETROLEUM COMPANY ✓

3. Address and Telephone No.  
P.O. BOX 37 LOCO HILLS 88255 (505)677-3223

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
1650' FNL & 1980' FWL, Unit F, Sec 19-T17S-R31E

5. Lease Designation and Serial No.  
LC-029395-A

6. If Indian, Allottee or Tribe Name  
NA

7. If Unit or CA, Agreement Designation  
NA

8. Well Name and No.  
TURNER "A" #15

9. API Well No.  
30-015-05240

10. Field and Pool, or Exploratory Area  
Grayburg Jackson

11. County or Parish, State  
EDDY COUNTY, NM

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☐ Notice of Intent  
☒ Subsequent Report  
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment  
☐ Recompletion  
☐ Plugging Back  
☐ Casing Repair  
☐ Altering Casing  
☒ Other Temporary Abandonment  
☐ Change of Plans  
☐ New Construction  
☐ Non-Routine Fracturing  
☐ Water Shut-Off  
☐ Conversion to Injection  
☐ Dispose Water

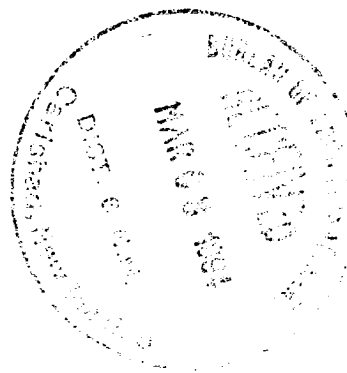
(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)\*

Temporary Abandonment status is requested for this well. The well is being held for secondary recovery. The casing integrity test chart is attached.

TA APPROVED FOR 12 MONTH PERIOD  
ENDING 3/10/95

3/99 Sec



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

Signed [Signature] Title Production Manager

Date 3-2-94

(This space for Federal or State office use)

Approved by (ORIG. SGD.) JOE G. LARA

Title Petroleum Engineer

Date 3/10/94

Conditions of approval, if any:

