

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT REPLY TO:
OFFICE FOR MANAGEMENT
OF OIL AND GAS RESOURCES
(with instructions on reverse side)

N.M. Roswell District
Modified Form No.
1160-3160-4

clsf.

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"/> <i>inj.</i> <i>(SJS)</i>		7. UNIT ASSIGNMENT NAME
2. NAME OF OPERATOR Socorro Petroleum Company ✓		8. FARM OR LEASE NAME Turner "A"
3. ADDRESS OF OPERATOR P.O. Box 38, Loco Hills, NM 88255		9. WELL NO. 35
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface		10. FIELD AND POOL, OR WILDCAT Grayburg Jackson
13. PERMIT NO. 1800' FNL & 660 FEL		11. SEC., T., R., N., OR BLM, AND SURVEY OR AREA 19-17S-31E
15. ELEVATIONS (Show whether of, at, or above surface) 3619 GL		12. COUNTY OR PARISH Eddy
16. STATE ARTESIA, OFFICE		13. STATE NM

APR 16 1991

O.C.D.

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"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
RIGID OR ACIDIZING	<input checked="" type="checkbox"/>	GRROUTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other)	<input type="checkbox"/>
(Other)	<input type="checkbox"/>	(Other)	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
MULTIPLE COMPLETS	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
CHANGE PLANS	<input type="checkbox"/>		

17. OPERATIONS 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.)

It is proposed to bleed the injection tbg down. Release pkr. POH w/injection tbg. Clean out well bore. Treat if necessary to remove scale to increase injectivity. Place well back on injection. To accomplish this work it will be necessary to dig a pit to contain well effluent during workovers. All excess wtr will be trucked. Following this workover the working pit will be covered filled-in.

(SJS)

RECEIVED
APR 18 9 47 AM '91
CARRIE
AREA

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

SIGNED *[Signature]* TITLE Consultant DATE 4/16/91

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 4/23/91

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side