

NM OIL CONS. COM. 10-1-85  
Form 160-100-20  
November 1984 BYNM  
Form 160-100-20  
FEB 25 1985  
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.

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-verse side)

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

5. LEASE DESIGNATION AND SERIAL NO.

LC-028731 (B)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

M. Dodd "B"

9. WELL NO.

46

10. FIRM AND POOL, OR WILDCAT

Grbg Jackson SR Q G SA

11. SEC. Q. R. S. T. OR NE. E. AND

SECTION OR AREA

Sec. 14 T17S-R29E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, ST, CR, etc.)

3603.1' GR

12. COUNTY OR PARISH

Eddy

13. STATE

N.M.

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 PLANS

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

(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.)\*

Amend original application to show proposed depth at 4500' instead of 3450'. This is to test the San Andres zone.

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

SIGNED

*Charles Purcella*

TITLE

Production Clerk

DATE

2/20/85

(This space for Federal or State office use)

APPROVED BY

TITLE

AREA MANAGER

CARLETON R. H. H. H.

DATE

2-22-85

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

