Form 3160-5 (November 1983) (Formerly 9-331) UNITED STATE DEPARTMEN F THE	S SUBMIT IN TRIPI (Other Instructions INTERIOR verse side)	Budget Bureau No. 1004-0135 Expires August 31, 1985 5. LEASE DESIGNATION AND SERIAL NO.
BUREAU OF LAND MANA	AGEMENT	NM- OIII9
SUNDRY NOTICES AND REP (Do not use this form for proposals to drill or to deep Use "APPLICATION FOR PERMIT—"	en or plug back to a different reservoir. ' for such proposals.)	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
OIL CAS OTHER	RECEIVE	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR	007.15	8. FARM OR LEASE NAME
George D. Riggs	OCT 15 'S	· · · · · · · · · · · · · · · · · · ·
3. ADDRESS OF OPERATOR	WW 00001	9. WELL NO.
P.O. Box 116 Carlsbad,	NM 88221 O. C. D.	3 10. FIELD AND POOL, OR WILDCAT
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirementales). OFFICE See also space 17 below.) At surface		Cedar Hills
		11. SBC., T., B., M., OR BLK. AND
•		SURVBY OR AREA
2970' FSL & 990' FEL		Sec 5-T21S-R27E, NMPM
	whether DF, RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE
3250'	GL	EDDY NM
16. Check Appropriate Box To I	ndicate Nature of Notice, Report, o	or Other Data
NOTICE OF INTENTION TO:		SEQUENT REPORT OF:
TEST WATER SEUT-OFF PULL OR ALTER CASING	WATER SHIP OF	
FRACTURE TREAT PULL OR ALTER CASING PRACTURE TREAT MULTIPLE COMPLETE	WATER SHUT-OFF FRACTURE TREATMENT	REPAIRING WELL ALTERING CASING
SHOOT OR ACIDIZE ABANDON®	SHOOTING OR ACIDIZING	ABANDON MENT*
REPAIR WELL XXX CHANGE PLANS	(Other)	
(Other)		oults of multiple completion on Well outpletion Report and Log form.)
This will serve notice of our the well depth of 532'; poss as determined needed by clea active production.	intention to clean theibly place 15% HCL or	e well back to other treatment
We will phone the Carlsbad BI date when work will begin, a	M office, Mr. Shannon t least 24 hrs. in ad	Shaw, of the exact vance.
		RECEIVED SEP 26 2 14 PH '90 CARL AREA TO A CARS
18. I hereby certify that the foregoing is true and correct SIGNED Quage Alligas T	ITLE Operator	DATE <u>09-25-90</u>
(This space for Federal or State office use)		
	★Herick Control of the State o	DATE 10-10 90
APPROVED BY T CONDITIONS OF APPROVAL, IF ANY:	ITLE	DATE 10 10 70