

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM O. Div. Division
011 S. 1st St.
Albuquerque, NM 87102-2854

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

RECEIVED

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

2. Name of Operator
Baytech, Inc.

3. Address and Telephone No.
P.O. Box 10158, Midland, TX 79702-7158

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
1,090' FNL & 560' FEL, Section 30, T-22-S, R-25-E (NENE)

5. Lease Designation and Serial No.

NM 34650

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

SCR-383

8. Well Name and No.

Federal 30 Com. No. 1

9. API Well No.

30-015-24086

10. Field and Pool, or Exploratory Area

Undes. (Cisco)

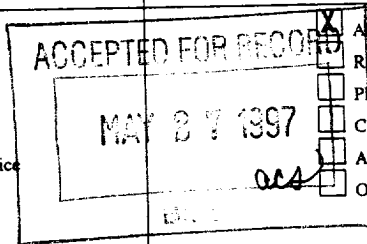
11. County or Parish, State

Eddy County, New Mexico

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

- ☐ 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.)*

The surface location for the captioned well, which was plugged and abandoned, has been completely restored to its original condition. This shall serve as a final report for this lease.

RECEIVED
1997 MAY 20 A 11:28
BUREAU OF LAND MGMT.
CARLSBAD RESOURCE AREA

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

Signed

Title **Administrative Assistant**

Date **5/20/97**

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any: