

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.

NM-15843

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Jeffrey Federal

9. WELL NO.

1-34

10. FIELD AND POOL, OR WILDCAT

McKinley Undes. Dakota

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

Sec 34, T-17-N, R-9-W

12. COUNTY OR PARISH

McKinley

13. STATE

New Mexico

1. OIL  
WELL ☐ GAS  
WELL ☒ OTHER

2. NAME OF OPERATOR

Thomas J. Jeffrey

3. ADDRESS OF OPERATOR

Suite 210, 1801 Gateway Blvd., Richardson Texas 75030

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.  
See also space 17 below.)  
At surface

990' FNL & 990' FWL, Sec. 34, T-17-N, R-9-W

14. PERMIT NO.

N 2-011-383

15. ELEVATIONS (Show whether DP, RT, GR, etc.)

6995 KB

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) Change of Operator 12/1/84

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON\* ☐

CHANGE PLANS ☐

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.)\*

Notice on Form 3160-5 requested by New Mexico Oil Conservation Division.

Former Operator: Energy Drilling Specialists, Inc.

5000 Lakeshore Drive

Littleton, Colorado 80123

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

SIGNED

*Thomas J. Jeffrey*

TITLE

Operator

DATE

4/2/85

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

OPERATOR

NMOCC