N. M. Oil Cons.
P. O. BOX 1980
HOBBS, NM 882

Form 3160-5
(July 1989)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING OFFICE FOR NUMBER OF COPIES REQUIRED (Other instructions on reverse side)

BLM Roswell District
Modified Form No.
NM90-3160-4

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.)

5. LEASE DESIGNATION AND SERIAL NO.: NM-080123

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

1. OIL WELL ☐ GAS WELL ☐ OTHER Injection

7. UNIT AGREEMENT NAME: West Cap Queen Sand Unit Tract 9

2. NAME OF OPERATOR: Circle Ridge Production, Inc.

3a. Area Code & Phone No.: 505-393-2727

8. FARM OR LEASE NAME:

3. ADDRESS OF OPERATOR: c/o Oil Reports & Gas Services, Inc., Box 755, Hobbs, NM 88241

9. WELL NO.: 1

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

330' FNL & 2310' FEL of Sec. 21
Unit B

10. FIELD AND POOL, OR WILDCAT: Caprock Queen

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: Sec. 21, T14S, R31E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 4251

12. COUNTY OR PARISH: Chaves

13. STATE: NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	☐	PULL OR ALTER CASING	☐	WATER SHUT-OFF	☐	REPAIRING WELL	X
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐	FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐	SHOOTING OR ACIDIZING	☐	ABANDONMENT*	☐
REPAIR WELL	☐	CHANGE PLANS	☐	(Other)			
(Other)				(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.)*

Work began 7/5/91. Dug out around well head. Found leak in weld on 5 1/2" bell nipple. Rewelded same. Returned to injection 7/6/91, injection pressure 1400#.

BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA
RECEIVED
JUL 09 1991
ROSWELL, NEW MEXICO

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

SIGNED Wanda Dollar TITLE Agent DATE 7/8/91

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD
PETER W. CHESTER
JUL 18 1991
BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA

*See Instructions on Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.