

N.M. Oil Conservation Division
P.O. Box 1380
Hobbs, NM 88241

Form 3160-5
(June 1990)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED

1999 MAY 1

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

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. D 5. NM 23006
2. Name of Operator C. W. Stumhoffer	6. If Indian, Alliance or Tribe Name
3. Address and Telephone No. P. O. Box 100416, Fort Worth, TX 76185-0416 817/923-2016	7. U.S. Agreement Designation
4. Location of Well (Fouge, Sec., T., R., M., or Survey Description) 660' FSL and 2310' FEL Section 31, T18S, R32E, NMPM	8. Well Name and No. Federal CST No. 1
	9. API Well No. 30-025-25138
	10. Field and Pool, or Exploratory Area Watkins Yates 7 Rvrs Grayburg
	11. County or Parish, State Lea County, NM

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA		
TYPE OF SUBMISSION	TYPE OF ACTION	
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other <u>Return to Producing</u>	<input type="checkbox"/> Dispose Water
	Status	(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.)

This notice is of our intention to return Federal CST Well No. 1 to producing status in accordance with our letter dated March 2, 1999 to the Bureau of Land Management Hobbs Field Office,

Replacement and repair of surface production facilities for this well was commenced on May 3, 1999, and we plan to have the Federal CST Well No. 1 returned to producing status on or about May 17, 1999.

14. I hereby certify that the foregoing is true and correct		
Signed <u>C. W. Stumhoffer</u>	Title <u>Operator</u>	Date <u>May 8, 1999</u>
(This space for Federal or State office use)		
Approved by <u>[Signature]</u>	Title <u>PE</u>	Date <u>MAY 18 1999</u>
Conditions of approval, if any:		

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.

*See Instructions on Reverse Side