

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
NM 011 (Cons. Commission) re  
Artesia, NM 88210

Budget Bureau No. 1004-001  
Expires August 31, 1985

458

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.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		SEP 07 '90	
2. NAME OF OPERATOR E. L. Latham, Jr. ✓		C. C. D.	
3. ADDRESS OF OPERATOR P.O. Box 1392, Hobbs, NM 88240		ARTESIA, OFFICE	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FSL & 660' FWL Section 9 Twp. 14 South, Range 28 East, Chaves County, New Mexico		5. LEASE DESIGNATION AND SERIAL NO. NM-0223201	
14. PERMIT NO.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
15. ELEVATIONS (Show whether DF, RT, GR, etc.)		7. UNIT AGREEMENT NAME	
		8. FARM OR LEASE NAME Amoco Federal	
		9. WELL NO. #1	
		10. FIELD AND POOL, OR WILDCAT Sams Ranch	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 9, T14S, R28E	
		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:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

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.) \*

06/14/90 - The Lease Serial Number Was Stenciled to Well Marker.

06/15/90 - All Surface Reclamations are Complete and Ready for Final Inspection.



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

SIGNED

TITLE

Operator

DATE

June 18, 1990

(This space for Federal or State office use)

APPROVED BY /s/ John E. Crane  
CONDITIONS OF APPROVAL, IF ANY:

TITLE Supr. Min. Res. Spec.

DATE 9-4-90

\*See Instructions on Reverse Side