

NM Oil Cons. Comm. a  
Drawer DD  
Altoia, NM 88210

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

c/sf

**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**

JUL 17 1995

**OIL CON. DIV.**

DIST. 223-4735

1. Type of Well

Oil Well  Gas Well  Other

2. Name of Operator

Sanders Petroleum Corporation

3. Address and Telephone No.

P.O. Box 2918, Roswell, NM 88202

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1980' FNL & 1980 FWL Sec. 6-7S-27E

5. Lease Designation and Serial No.  
NM17576

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.  
Isler Fed. #2

9. API Well No.

30 005-61160

10. Field and Pool, or Exploratory Area

Pecos Slope Abo

11. County or Parish, State

Chaves, 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"/> Subsequent Report	<input checked="" type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> 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.)\*

Operator plans to do some remedial completion work on this well in an attempt to place the well back in a productive status. The remedial completion work should be completed within 90 days.

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

Signed *Peter W. Chester*

Title Land Manager

Date 7/6/95

(This space for Federal or State office use)

Approved by \_\_\_\_\_

Title \_\_\_\_\_

Conditions of approval, if any:

ACCEPTED FOR RECORD  
 PETER W. CHESTER  
 JUL 14 1995  
 BUREAU OF LAND MANAGEMENT  
 WELL RESOURCE AREA

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.