

UNITED STATES OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
ARTESIA, NEW MEXICO  
(Other instructions on reverse side)

Form approved,  
Budget Bureau No. 1004-011  
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM-36409

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. MOC Fed.

9. WELL NO.

8

10. FIELD AND POOL, OR WILDCAT

Pecos Slope Abo

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

Sec. 28-T5S-R25E

12. COUNTY OR PARISH 13. STATE

Chaves

NM

14. PERMIT NO.

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

3776' G.L.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON\*

REPAIR WELL

CHANGE PLANS

(Other)

Lay Flowline

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

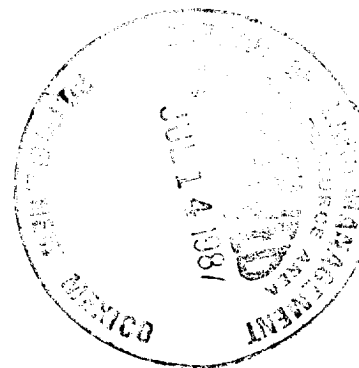
ALTERING CASING

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.)

Request approval for a flowline to connect the referenced MOC Fed. #8 to the MOC Fed. #4, located 990' FSL & 1650' FEL, Sec. 29-T5S-R25E, which has a pipeline R.O.W. BLM #NM-58470. A map is enclosed for your information. The line crosses 2310 feet of private surface owned by Mrs. E.N. Benedict. An agreement has been obtained from the surface owner for right-of-way. Measurement facilities will be required at the wellsite and at the MOC Fed. #3 wellsite where the line joins Transwestern's line. All measurement will be "on-lease." The line will consist of 2" steel tubing buried 24 inches and buried and cased crossing the county road.



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

SIGNED

TITLE Operations Manager

DATE 7/14/87

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED  
PETER W. CHESTER

JUL 21 1987

BUREAU OF LAND MANAGEMENT  
ROSWELL RESOURCE AREA

\*See Instructions on Reverse Side

