

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
Artesia, NM 88210

OFFICE FOR NUMBER
NM 013 (Bureau) NM 013 (Bureau)
Other Instructions
NM 013 (Bureau) NM 013 (Bureau)
Modified Form No.
NM 013 (Bureau) NM 013 (Bureau)

5. LEASE DESIGNATION AND SERIAL NO.

NM 54272

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
JACKIE FEDERAL

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT
COYOTE QUEEN

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

SEC. 20, T 11S, R27 E

12. COUNTY OR PARISH
CHAVEZ

13. STATE
NM

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐
MAR 24 1992

2. NAME OF OPERATOR
TOPAT OIL CORPORATION

3a. AG. Order Phone No.
915-742-5120

3. ADDRESS OF OPERATOR
505 NORTH BIG SPRING-SUITE 204 MIDLAND, TEXAS 79701

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

1980' FSL & 1980' FEL

14. PERMIT NO.

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

GR 3702.2'

RKB 3712.7'

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 PLANE

(Other)

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(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.)*

START UP PRODUCTION NOTICE

2/1 Put well on pump - pumping to tank. Flow rate unknown.

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

SIGNED

TITLE President

DATE 3/19/92

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

