

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N. M. Oil Cons. Div.
2000 1st St.
Albuquerque, NM 83210-2834

FORM APPROVED
BUDGET BUREAU NO. 1004-0135
EXPIRES: MARCH 31, 1993

c15F

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		5. If Unit or CA, Agreement Designation	
<input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		SULIMAR QUEEN UNIT	
2. Name of Operator		8. Well Name and No.	
TECH OILFIELD RESEARCH CORPORATION		TRACT 1-6	
3. Address and Telephone No.		9. API Well No.	
P O. Box 2885 Roswell, New Mexico 88202 505-624-2800		30-005-60085	
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)		10. Field and Pool, or Exploratory Area	
1650' FSL & 660' FWL SEC. 24-T15S-R29E		SULIMAR QUEEN	
		11. County or Parish, State	
		CHAVES, NEW MEXICO	

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA			
TYPE OF SUBMISSION		TYPE OF ACTION	
<input 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 CHANGE OF STATUS	<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.)

Since this well is no longer being used as an injection well, there has been no injection for over five (5) years and there are no plans to return this well to injection, the rules dictate this well no longer has injection authority and can no longer be classified as an injection well. This well will be used as a pressure monitoring well for tests performed on well #1-16. Therefore, we respectfully request this well be reclassified as a shut-in oilwell.

RECEIVED

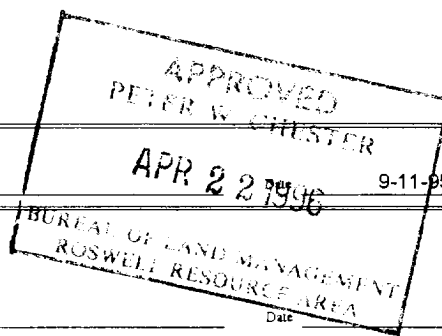
APR 24 1996

OIL CON. DIV.
DIST. 2

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

Signed [Signature] Title AGENT

(This space for Federal or State use)



Approved by APPROVED FOR 1 MONTH PERIOD
Conditions of approval, if any: ENDING SEP 31 1996

Title 18 U.S.C. Section 1001, makes it a crime for any person to 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.