

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

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> P & A		5. LEASE DESIGNATION AND SERIAL NO. LC-069820-A	
2. NAME OF OPERATOR Tech Oilfield Research Corp.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Drawer 730, Roswell, N.M. 88202		7. UNIT AGREEMENT NAME Sulimar Queen Unit	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2310' FWL & 330' FSL		8. FARM OR LEASE NAME Tract 1	
14. PERMIT NO.		9. WELL NO. 8	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3938' GL		10. FIELD AND POOL, OR WILDCAT Sulimar Queen	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 13-T15S-R29E	
		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	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETION	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input checked="" type="checkbox"/>
(Other)	<input type="checkbox"/>		

(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.)\*

7-20-92 Plugged well as follows:

1. Loaded hole with Heavy Gel H2O.
2. 1st plug 2000'-1750'. 35sx. Tagged TOC at 1750'.
3. Per. well at 1000'.
4. 2nd plug 1100' to 900' - 35sx 3%CaCl2.
5. Perf well at 460'.
6. 3rd plug 500'-300' - 35sx.
7. 4th plug 60' to surface (circulated cmt.)

Installed dry hole marker and cleaned location, cut anchors.  
Prep for finalization.

Post ID-2  
8-14-92  
P & A

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

SIGNED [Signature] TITLE Agent

DATE 7-23-92

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

Approved as to plugging of the well bore.  
Liability under bond is retained until  
surface restoration is completed,

\*See Instructions on Reverse Side



