

**N. M. Oil Cons. Division**  
UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
811 S. 1ST ST.  
ARTECIA, NM 88210-2834

FORM APPROVED  
BUDGET BUREAU NO. 1004-0135  
EXPIRES: MARCH 31, 1993  
5. Lease Designation and Serial No.  
NM-0493370-A  
6. If Indian, Allottee or Tribe Name

dsf

**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

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

TECH OILFIELD RESEARCH CORPORATION

3. Address and Telephone No.

P.O. Box 2885  
Roswell, New Mexico 88202 505-624-2800

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

1650' FNL & 990' FEL SEC. 26-T15S-R29E

7. If Unit or CA, Agreement Designation

SULIMAR QUEEN UNIT

8. Well Name and No.

TRACT 5-1

9. API Well No.

30-005-60115

10. Field and Pool, or Exploratory Area

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"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Posing Repair
	<input type="checkbox"/> Altering Casings
	<input checked="" type="checkbox"/> OTHER CHANGE OF STATUS
	<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.)

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]*

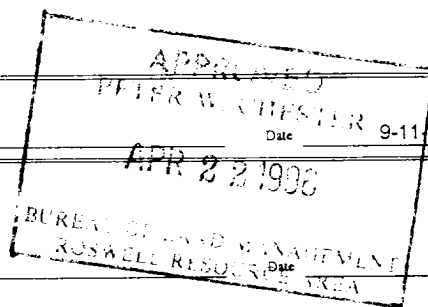
Title AGENT

(This space for Federal or State use)

Approved by

Conditions of approval, if any:

**APPROVED FOR - MONTH PERIOD  
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.