| Formerly 9-331) DEPA BU | UNITED STATE RTMENT THE REAU OF LAND MANA | INTE Brawer | CONS. Commissic UBMIT IN TRIPLICAT Offer instructions or crae side) a., NM 88210 | Budget Bureau No. 1004-0135 Expires August 31, 1985 5. LEARE DESIGNATION AND SERIAL NO. NM-0493690 6. IP INDIAN, ALLOTTEE OR TRIBE NAME |
|---|---|----------------------|--|---|
| SUNDRY N | OTICES AND REP | ORTS ON \ | WELLS | O. IF INDIAN, ALLOTTEE OR TELBE NAME |
| OIL CAS T | | ı | | 7. UNIT AGREEMENT NAME |
| WELL WELL OTH | IER . | | JUN 1 1 1991 | 8. PARM OR LEASE NAME |
| Happy Oil Company | y, Inc. | | O. C. D. ARTESIA, OFFICE | Falgout Federal 9. Wall No. |
| D O Drawor W Ar | tesia , NM 88211- | 0629 | | 2 |
| LUCATION OF WELL (Report local See also space 17 below.) At surface | tion clearly and in accordance | ce with any State i | requirements.• | Double L Queen Associated |
| 1980 ' | FNL & 1650' FEL | | | SURVEY OR AREA |
| 1300 | | مندن سمدد والمساودي | | Sec 26, T-14S, R-29E |
| 14. PERMIT NO. | 15. ELEVATIONS (Sho | w whether DF, RT, GR | ı, etc.) | Chaves New Mexico |
| 16. Chec | k Appropriate Box To | Indicate Nature | of Notice, Report, o | |
| | K Appropriate box to | indicate redicte | | ABQUENT REPORT OF: |
| TEST WATER SHUT-OFF | PULL OR ALTER CASING | | WATER SHUT-OFF | REPAIRING WELL |
| FRACTURE TREAT | MULTIPLE COMPLETE | | FRACTURE TREATMENT | ALTERING CABING |
| BHOOT OF WCIDIZE | ABANDON* | | SHOOTING OR ACIDIZING | ABANDONMENT* |
| REPAIR WELL [] | of operator | | (Other) | suits of multiple completion on Well outpletion Report and Log form.) |
| _ | ator is Frostman (| | | 375–52 |
| (This space for Federal or SAPPROVED BY CONDITIONS OF APPROV | State office use) | TITLEProdu | action Clerk | DATE 5/22/91 APPROVED DATE ETER W. CHESTER |
| 5000-1-1-1-1-1 | | | | JUN 7 1004 |
| June 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | | e Instructions or | . D | JUN 7 1991 BUREAU OF LAND MANAGEMEN ROSWELL RESOURCE AREA Itter within its jurisdiction. |