

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING  
OFFICE FOR NUMBER  
OF COPIES REQUIRED  
(Other instructions on re-  
verse side)

NM Roswell District  
Modified Form No.  
NM060-3160-4

clsr

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"/>		7. UNIT AGREEMENT NAME Sulimar Queen Unit	
2. NAME OF OPERATOR Tech Oilfield Research Corp. New Mexico Institute of Mining & Tech.		3a. Area Code & Phone No. 505-622-3200	8. FARM OR LEASE NAME Tract I
3. ADDRESS OF OPERATOR P.O. Drawer 730 Roswell, NM 88202		9. WELL NO. 16	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 585 FNL & 2570 FWL		10. FIELD AND POOL, OR WILDCAT Sulimar Queen	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 24-T15S-R29E	
15. ELEVATIONS (Show whether DF, RT, CR, etc.) 3958 G. L.		12. COUNTY OR PARISH Chaves	13. STATE NM

RECEIVED  
JUN 27 1990  
O. C. D.  
ARTESIA, OFFICE

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 COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other) Variance	<input checked="" 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 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.)

10-31-89

Request of variance on B.O.P.S. to 1000 PSI & PSI test to 1000 PSI. The Queen Sand in this area has a bottom hole pressure of 400 PSI. We request a variance in 8 5/8 24# to running 8 5/8 20#-23# casing.

Resubmitted to correct title\*



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

SIGNED [Signature] TITLE \* Agent

DATE 10-31-89

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

APPROVED  
DATE PETER W. CHESTER

NOV 16 1989

\*See Instructions on Reverse Side

BUREAU OF LAND MANAGEMENT  
ROSWELL RESOURCE AREA