

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE
(Other instructions on reverse side)Form approved.
Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.

LC 057798

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

L. Texas Enterprises, Inc.

3. ADDRESS OF OPERATOR

P. O. Box 2512, Midland, Texas 79702

4. LOCATION OF WELL (Report location clearly and in accordance with applicable state requirements.
See also space 17 below.)
At surface

330' FEL & 1,650' FSL of Section 35

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3,616' GL

7. UNIT AGREEMENT NAME

SRIG Unit

8. FARM OR LEASE NAME

SRIG Unit

9. WELL NO.

24

10. FIELD AND POOL, OR WILDCAT

Red Lake Grbg

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

35, T-17-S, R-27-E

12. COUNTY OR PARISH

Eddy

13. STATE

New Mexico

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

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PULL OR ALTER CASING

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☐

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

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☐
☐
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FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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(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.)*

It is proposed to pull rods and tubing, fracture well, and return to production.

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

SIGNED

TITLE Consulting Petroleum Engineer DATE May 1, 1981

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

DATE

MAY 14 1981

JAMES A. GILLHAM
DISTRICT SUPERVISOR

*See Instructions on Reverse Side