

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division
811 S. 1st St.
Artesia, NM 88201-02834

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

CISF

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

Gas Well Services, Inc.

3. Address and Telephone No.

26 E. Compress Rd. Artesia, NM 88210 (505) 748-2854

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

Unit I 1650' FSL 990' FEL Section 18, T 17S, R28E,
NMPM

5. Lease Designation and Serial No.

L.C. 045818

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Hastie Fed. #2

9. API Well No.

30-015-01414

10. Field and Pool, or Exploratory Area

Empire Yates 7 River

11. County or Parish, State

Eddy

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☒ Notice of Intent
☐ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

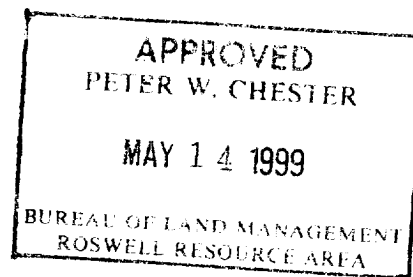
- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other Work-over

- ☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ 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.)*

I propose to run 4 1/2" casing with a cement basket on the bottom to a depth of 400', cement back side in an attempt to strengthen the casing so we can pressure acid into the open hole zone at a later time.



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

Signed Jack Matthews

Title President

Date 5-4-99

(This space for Federal or State office use)

Approved by _____
Conditions of approval, if any:

Title _____

Date _____