

**UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT**

**RECEIVED**

SUBMIT IN TRIPlicate (Other instructions on reverse)

Form approved by the Bureau of Land Management, Washington, D.C. 20250

3. LEASE IDENTIFICATION AND NUMBER  
**LC-064832**

4. IF INDICATED, ADDRESS OF LAND OWNER

5. UNIT AGREEMENT NAME

6. NAME OR LEASE NUMBER  
**Forest Pool Unit**

7. WELL NO.  
**1**

8. FIELD AND POOL, OR WILDCAT  
**Square Lake Grby SA**

9. SEC., T., R., N., OR E. AND SURVEY OR AREA  
**Sec. 27-T16S-R29E**

10. COUNTY OR PARISH AND STATE  
**Eddy N.M.**

**NOTICES AND REPORTS ON WELLS**

Use "APPLICATION FOR PERMIT—" for such proposals.

1. NAME OF COMPANY OR INDIVIDUAL  
**Energy Corporation**

2. ADDRESS  
**Box 217, Artesia, N.M. 88210**

3. PHONE NUMBER  
**330 FSL 600 FEL**

4. DATE OF NOTICE OR REPORT  
**NOV 14 '88**

5. NAME OF OFFICIAL  
**O. C. D. ARTESIA, OFFICE**

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
**3664' DF**

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

**NOTICE OF INTENTION TO:**

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

**SUBSEQUENT REPORT OF:**

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) **Evaluate well**

REMAINING WELL

ALTERING CASING

ABANDONMENT **XX**

(NOTE: Report results of multiple completion or fracture completion or recompletion to part and location.)

\*UNLISTED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of completion. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all major intervals.)

*We plan to put this well on pump and evaluate for 90 days. If well is non-productive, we will plug & abandon.*

The foregoing is true and correct

*Rhonda Nelson* TITLE Production Clerk DATE 10/26/88

(For use of Bureau or State office use)

APPROVAL, IF ANY: TITLE \_\_\_\_\_ DATE 11-16-88

**\*See Instructions on Reverse Side**