

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRI-CATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

45F

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

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	RECEIVED BY FEB 16 1987 O. C. D. AMPSIA OFFICE	5. LEASE DESIGNATION AND SERIAL NO NM-05186
2. NAME OF OPERATOR Glen Plemons		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 965 Wollforth, Texas		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface SE¹/₄ SE¹/₄ of Sec²⁷ T16E R31S Unit letter P 330 FSL & 330 FEL		8. FARM OR LEASE NAME Chase Featherstone
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GK, etc.)	9. WELL NO. #1
		10. FIELD AND POOL, OR WILDCAT Sugare Lake Grayburg SA
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec27 T16S R31E NMPM
		12. COUNTY OR PARISH Eddy
		13. STATE New Mexico

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>
(Other) Change of Operator	X	(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.)*

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

SIGNED [Signature] TITLE Operator DATE 2-9-87

(This space for Federal or State office use)
Orig: Sgd. C.

APPROVED BY [Signature] TITLE DATE 2-11-87

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side