Form 3160-5
(July 1989)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING OFFICE FOR NUMBER OF COPIES REQUIRED
(Other instructions on reverse side)

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

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

5. LEASE DESIGNATION AND SERIAL NO.: NM-05186

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

7. UNIT AGREEMENT NAME:

2. NAME OF OPERATOR: Glen Plemons

3a. Area Code & Phone No.: 505 396 4334

8. FARM OR LEASE NAME: Chase Featherstone

3. ADDRESS OF OPERATOR: 1010 Ave. H. Lovington, New Mexico 88260

9. WELL NO.: 1

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: SE/4 SE/4 of unit P, Sec. 27-T-16S, R-31 E; 330 FSL & 330 FEL

10. FIELD AND POOL, OR WILDCAT: Square Lake G S A

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: 27-16-31

14. PERMIT NO.:

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 4077 GL

12. COUNTY OR PARISH: Eddy

13. STATE: NM

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ARTESIA, OFFICE

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	☐	PULL OR ALTER CASING	☐	WATER SHUT-OFF	☐	REPAIRING WELL	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐	FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐	SHOOTING OR ACIDIZING	☐	ABANDONMENT*	☐
REPAIR WELL	☐	CHANGE PLANS	☐				
(Other)			X	(Other)			

(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.)*

~~Proposed~~ chagge status of well from temporary abandoment to pumping .

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

SIGNED _____ TITLE Oper. Dr R DATE 7-16-89

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD
JUL 26 1989
BLS
CARLSBAD, NEW MEXICO

*See Instructions on Reverse Side