

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING
OFFICE FOR NUMBER
OF COPIES REQUIRED
(Other instructions on re-
verse side)

M.H. Rowell District
Modified Form No.
MD60-3160-4

C/SF

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		3a. Area Code & Phone No.	
2. NAME OF OPERATOR Glen Plemons		806-866-4153	
3. ADDRESS OF OPERATOR P.O. Box 965 Wolfforth, Texas 79382		8. FARM OR LEASE NAME Chase Featherstone	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 330° FSL 330° FEL Sec.27- 16S - #1E		9. WELL NO. 1X	
14. PERMIT NO.		12. COUNTY OR PARISH Eddy	
15. ELEVATIONS (Show whether OF, RT, OR, etc.)		13. STATE NM	

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 PLANE

(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.)

Subsequent report to intention report dated 9/30/86. Well was
put on production 10/8/89

JUL 27 '90

C. C. D.
ARTESIA OFFICE

RECEIVED
JUL 24 11 40 AM '90
CARTER
AREA

ACCEPTED FOR FILING
Asen

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

SIGNED

TITLE

Operator

DATE 7/20/90

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side