NM OIL CONS. COMMISSION
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UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

(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.)

5. LEASE DESIGNATION AND SERIAL NO.: LC-029438A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

7. UNIT AGREEMENT NAME:

8. FARM OR LEASE NAME:

9. WELL NO.: Carper-Johnson # 2

10. FIELD AND POOL, OR WILDCAT: GR., JACKSON-Q-GR-SA

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: EDDY CO., NEW MEXICO

12. COUNTY OR PARISH:

13. STATE:

OIL WELL ☒ GAS WELL ☐ OTHER

NAME OF OPERATOR: GLEN PLEMONS

3a. Area Code & Phone No.

ADDRESS OF OPERATOR: P.O. BOX 113, LOVINGTON, N. MEX., 88260

LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface
S35-T16S-R31E
1980' FNL & 660' FEL

PERMIT NO.

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

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	☐	PULL OR ALTER CASING	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐
REPAIR WELL	☐	CHANGE PLANS	☐
(Other)			

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	☐	REPAIRING WELL	☐
FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOTING OR ACIDIZING	☐	ABANDONMENT*	☐
(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.)*

change in status fromshut in to pumping Eefective 3/24/93

RECEIVED
APR 23 1993
O. C. D.
ARTESIA, OFFICE

MAR 24 2 54 PM '93
CARLSBAD, NEW MEXICO

RECEIVED

ACCEPTED FOR RECORD
(ORIG. SGD.) DAVID R. GLASS
APR 21 1993
CARLSBAD, NEW MEXICO

I hereby certify that the foregoing is true and correct

SIGNED [signature] TITLE OPERATOR DATE 3-24-93

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side