NM OIL CONS. COMMISSION
Drawer DD
Artesia, NM 88210

CONTACT RECEIVING OFFICE FOR NUMBER OF COPIES REQUIRED

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

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 056302 A
6. IF INDIAN, ALLOTTEE OR TRIBE NAME:
7. UNIT AGREEMENT NAME:
8. FARM OR LEASE NAME:
9. WELL NO.: Kennedy Johnson A # 1
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:

1. OIL WELL [X] GAS WELL [ ] OTHER
2. NAME OF OPERATOR: GLEN PLEMONS
3a. Area Code & Phone No.
3. ADDRESS OF OPERATOR: P.O. BOX 113, LOVINGTON, N. MEX., 38260
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: S35-T16S-R31E Unit F 1980' FNL and 1980' FWL
14. PERMIT NO.
15. ELEVATIONS (Show whether DF, RT, GR, etc.)

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)	
(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 from shut in to pumping Effective 3/24/93

RECEIVED
APR 23 1993
C. C. D.

RECEIVED
MAR 29 2 54 PM '93
CARLSBAD, NEW MEXICO

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

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

SIGNED _____ 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