NM OIL CONS. COMMISSION
Brawer DD
Artesia, NM

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1989)
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UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

BLM 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.
LC056302A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

9. WELL NO.
Kennedy Johnson A #3

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

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 L. 1980' FSL and 660' FWL

14. 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:				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 temporary abandoned to pumping

Effective 3/24/93

RECEIVED
APR 23 1993
C.C.D.

RECEIVED
MAR 24 2 55 PM '93
CARLSBAD AREA

ACCEPTED FOR RECORD
DAVID R. GLASS
APR 21 1993
CARLSBAD, NEW MEXICO

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