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

CONTACT RECF... S
OFFICE FOR N... R
OF COPIES REQUIRED
(Other instructions on reverse side)

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

c/sf

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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 065561

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

7. UNIT AGREEMENT NAME:

8. FARM OR LEASE NAME: Kennedy A Federal

9. WELL NO.: 1

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

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: 34-16-31

12. COUNTY OR PARISH: Eddy

13. STATE: New Mexi

1. OIL WELL [X] GAS WELL [ ] OTHER

2. NAME OF OPERATOR: Glen Plemons

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

3. ADDRESS OF OPERATOR: 10101 Avenue H Lovington New Mexico 88260

4. LOCATION OF WELL. (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface

NW 1/4 NE 1/4 unit B Sec. 34-T 16S- R 31 E

660' FNL 1980' FEL

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AUG 01 '89
O. C. D.
ARTESIA, OFFICE

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	[X]	(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.)*

~~Request~~ change status of well from temporary abandment to pumping.

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

SIGNED Glen Plemons TITLE operator DATE 7-16-89

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

*See Instructions on Reverse Side

SJS