

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM OIL CONS. COMMISSION
Drawer DD
88210 FOR NM
OF COPIES RETURNED
(Other instructions on reverse side)

1111 Roswell District
Modified Form No.
MIXO-3160-4

CISF

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.)

OIL WELL ☒ GAS WELL ☐ OTHER ☐

NAME OF OPERATOR

ACHEN OIL & GAS

ADDRESS OF OPERATOR

P.O. BOX 413 ARTESIA, NM. 88210

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

660 fsl-990 fel SECTION 26, TOWNSHIP 17s RANGE 27e

PERMIT NO.

15. ELEVATIONS (Show whether DF, AT, OR, etc.)

3. LEASE DESIGNATION AND SEE.

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

HARBOLD

9. WELL NO.

17

10. FIELD AND POOL, OR WILDCAT

RED LAKE QN-GB-SA

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

ul-0

s-26 t-17s r-27e

12. COUNTY OR PARISH 13. STATE

EDDY

NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other) SEE BELOW

PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON*

CHANGE PLANE

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

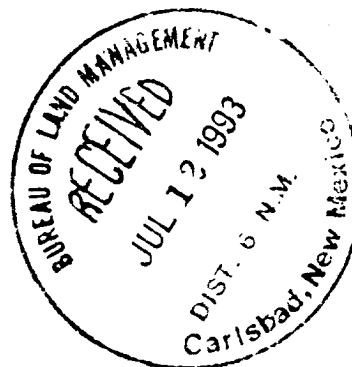
ALTERING CASING

ABANDONMENT*

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting and 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.)

WE ARE GIVING NOTICE OF INTENT TO REPAIR FLOWLINE AND DOWN HOLE ROD PUMP TO RESUME
PRODUCING WELL. WE WILL BEGIN JULY 29, 1993



I hereby certify that the foregoing is true and correct

SIGNED Harold S. Long TITLE Consultant

DATE 7-12-93

(This space for Federal or State office use)

APPROVED BY (ORIG. SGD.) JOE G. LARA TITLE

DATE AUG 03 1993

CONDITIONS OF APPROVAL, IF ANY: