

C/SF

Form 3160-5
(June 1990)

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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 reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

5. Lease Designation and Serial No.
NM-7066

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.
Wells Federal #2

9. API Well No.
300152272700

10. Field and Pool, or Exploratory Area
Diamond Mound, Morrow

11. County or Parish, State
Eddy County, NM

SUBMIT IN TRIPLICATE

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

General Atlantic Resources, Inc.

3. Address and Telephone No.

410-17th Street, Suite 1400 Denver, CO 80202 303-73-5100

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

2080' FNL, 1650' FEL Sec 11, T16S, R27E

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other Temp Abandon

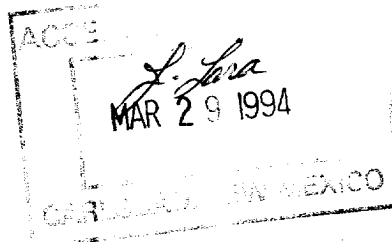
- ☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

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

13. 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.)*

3/3/94

CIBP @7970' w/35' cmt on top.



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

Signed Robert D. Mowry

Title Senior Operations Eng

Date 3/7/94

(This space for Federal or State office use)

Approved by
Conditions of approval, if any:

Title

Date

NO Allowable
ISSUED COF OF
CRN 10W.

NO CRN 10W PER FOR
TOPS

C-103 ALLOW MALLOW