

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
SUNDRY NOTICES AND REPORTS ON WELLS

SUBMIT IN TRIPLY
(Other instructions
on reverse side)
MINERAL OIL CONS. COMMISSION

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

ckf

(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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	RECEIVED BY
2. NAME OF OPERATOR TOMSCO ENERGY	OCT 31 1985
3. ADDRESS OF OPERATOR P.O. Box 664 ARTESIA, NEW MEXICO 88210	O. C. D.
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1665' FSL AND 976' FWL	
14. PERMIT NO. 523-T16S-R28E	15. ELEVATIONS (Show whether DP, RT, GR, etc.) 3756 GR

5. LEASE DESIGNATION AND SERIAL NO. NM 27643
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME PROMONTORY B FEDERAL
9. WELL NO. 1
10. FIELD AND POOL, OR WILDCAT EAST RED LAKE (QSD) EXT
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 523-T16S-R28E
12. COUNTY OR PARISH EDDY
13. STATE NM.

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) DRILLING	
(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.)

TD 2150'
8 JTS., 9518" - 43" CASING, SET AT 273'

- LOGS EVALUATED ON 7-30-85, WELL WOULD NOT PRODUCE IN COMMERCIAL VOLUMES.
- RECEIVED VERBAL APPROVAL TO PLUG THIS WELL ON 7-30-85 FROM BOB PITCKITE IN CARLSBAD.

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

SIGNED Thomas K. Swager

TITLE OPERATOR

DATE 8-8-85

(This space for Federal or State office use)

APPROVED BY ACCEPTED FOR RECORD

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

OCT 29 1985

*See Instructions on Reverse Side