

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NO. 01 CONTACT RECEIVED
Draw OFFICE FOR NUMBER
Artesia OFFICE RECEIVED
(Form Instructions on reverse side)

BLM Roswell District
Modified Form No.
NM60-3160-4

SUNDRY NOTICES AND REPORTS ON WELLS

DEC - 1 '89

(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 checked="" type="checkbox"/> OTHER		2. NAME OF OPERATOR George A. Chase Jr.		3a. Area Code & Phone No. (505) 746-4069		5. LEASE DESIGNATION AND SERIAL NO. NM-77042	
3. ADDRESS OF OPERATOR 2001 HERMOSA, Artesia NM 88210		7. UNIT AGREEMENT NAME ARTESIA, OFFICE		8. FARM OR LEASE NAME Grandview Federal		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Township 16 South Range 31 East N.M.P.M. Section 20: SW 1/4 NE 1/4		15. ELEVATIONS (Show whether DF, RT, GR, etc.)		9. WELL NO.		10. FIELD AND POOL, OR WILDCAT SQUARE LAKE	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.)		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC. 20 T. 16 S. R. 31 E.		12. COUNTY OR PARISH Eddy	
				13. STATE NM			

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"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input checked="" type="checkbox"/>
(Other)			

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(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.) *

Gas Line was completed. And well was turned on 11-23-89. Producing GAS.

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

SIGNED George A. Chase Jr.
(This space for Federal or State office use)

TITLE OPERATOR

DATE 11-28-89

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side

RECEIVED

NOV 23 12 27 PM '89

ARTESIA, NM 88210

NOV 21 1989

CARLETON, NM 88220