

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Budget Bureau No. 1004-1
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.
NM 61579

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Meridian Fed.

9. WELL NO.

1

10. FIELD AND POOL OR WILDCAT

East Red Lake, 7R,Q,GB,SA

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

Sec. 25, T16S., R.28E.

12. COUNTY OR PARISH 13. STATE

Eddy

N M

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different depth.
Use "APPLICATION FOR PERMIT" for such proposals.)

RECEIVED

NOV 8 '89

O. C. D.
ARTESIA, OFFICE

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

C & J Drilling

3. ADDRESS OF OPERATOR

P O Box 256

Artesia, N M 88210

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

At surface

2310 FNL & 990 FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3776.4 GR

16. 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

PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(Other) ☒ Casing program

(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.)*

3/17/89 Ran 1,452 ft used 7" 24# casing, set with 90 bbls (18 sx, 12 lb) mud,
will pull 7" casing at T D
Pump truck finished 10:30 A M 3/17/89
Shut down

3/20/89 Ran bailer, water shut off, resumed drilling operations

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

SIGNED

Dorothy Hammond

TITLE

Secretary

DATE

10/9/89

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

SJS