

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE
(Other instructions on
reverse side)

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

5. LEASE DESIGNATION AND SERIAL NO.

LC-029020 (g)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

DEXTER

9. WELL NO.

3

10. FIELD AND POOL, OR WILDCAT
GRAYBURG JACKSON

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

Sec 22-T17S-R30E

12. COUNTY OR PARISH

EDDY

13. STATE

NM

SUNDRY NOTICES AND REPORTS ON WELLS RECEIVED

(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 ☒ GAS WELL ☐ OTHER ☐

MAY 27 '88

2. NAME OF OPERATOR

O. C. D.

ARTESIA, OFFICE

3. ADDRESS OF OPERATOR

P.O. BOX 548, ARTESIA, NEW MEXICO 88210

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

2310' From South line & 330' From East line

UNIT I

14. PERMIT NO.

30-015-04259

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

3660 DF

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

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Change of owner

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

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

XX

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.)

FORMER OWNER:

RAY WESTALL

BOX 4

LOCO HILLS, NEW MEXICO 88255

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

SIGNED

TITLE Production Clerk

DATE

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

MAY 24 1988

*See Instructions on Reverse Side

SJS
CARLSBAD, NEW MEXICO