

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING
OFFICE FOR NM
OF COPIES REC'D
(Other instructions on re-
verse side)

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

SUNDRY NOTICES AND REPORTS ON WELLS

(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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> SWD	3. AREA CODE & PHONE NO. (505) 677-6101	5. LEASE DESIGNATION AND SERIAL NO. LC029342-A
2. NAME OF OPERATOR Double I, Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 98 Loco Hills, NM 88255		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FSL & 660' FWL		8. FARM OR LEASE NAME Wooley Federal
		9. WELL NO. 1 SWD
		10. FIELD AND POOL, OR WILDCAT Loco Hills Abo.
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA S21, T17S, R30E
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3637' GL	12. COUNTY OR PARISH Eddy
		13. STATE NM

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

NOTICE OF INTENTION TO:

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 type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

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 checked="" type="checkbox"/>
(Other) <input type="checkbox"/>	

(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.)

12/5/90 Ran pump and rods. Set temporary pumping unit. Started pumping and testing for possible production thru existing Abo perms from 6686' to 6773' on 12/5/90. Will test for 90 days. Oil will be transferred to Wooley Fed. Battery. Gas will be flared, produced water will be hauled to SWD disposal, (Loco Hills Evaporative SWD and/or I & W's Walter Solt well)

RECEIVED

JAN 3 10 12 AM '91

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

SIGNED Michael K. Butts

TITLE Gen. Mgr. - I & W, Inc.

DATE 12/20/90

(This space for Federal or State office use)

APPROVED BY [Signature]

TITLE

DATE 1-8-91

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side