

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instruction on reverse side)

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

SUNDRY NOTICES AND REPORTS

(Do not use this form for proposals to drill or to deepen or plug well in a national reservoir.
Use "APPLICATION FOR PERMIT" for such proposals.)

JUN 30 1986

O. C. D.
ARTESIA, OFFICE

3. LEASE DESIGNATION AND SERIAL NO.

LC 028936-D

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal M

9. WELL NO.

3

10. FIELD AND POOL, OR WILDCAT

Loco Hills-Queen-G-SA

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

31 - 17S - 30E

12. COUNTY OR PARISH

Eddy

13. STATE

New Mexico

14. PERMIT NO.

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

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

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

Test Casing

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

X

(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.)*

6-16-86 Tested casing to 500#; held for 45 minutes. Bled off pressure and left well shut in.

Note: Witness scheduled but did not appear for testing. Pressure chart attached.

ACCEPTED FOR RECORD

JUN 23 1986

CAPITOL, NEW MEXICO



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

SIGNED

Mike Braswell

TITLE

Field Foreman

DATE

June 18, 1986

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side

6 AM

7

8

9

10

11

NOON

1

2

3

4

5

6 PM

6

