

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING
OFFICE FOR M...
OF COPIES RPL...
(Other instructions on re-
verse side)

NM Rowell District
Modified Form No.
ND60-3160-4

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 ☒ GAS WELL ☐ OTHER ☐		3a. Area Code & Phone No. 505/677-2360		5. LEASE DESIGNATION AND SERIAL NO. LC-029435A	
2. NAME OF OPERATOR Socorro Petroleum Company				6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Box 38, 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' FEL		RECEIVED JUL 23 1991 O. C. D. ARTESIA, OFFICE		8. FARM OR LEASE NAME J.L. Keel "A"	
14. PERMIT NO. 3001505094		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3708' GR		9. WELL NO. 6	
				10. FIELD AND POOL, OR WILDCAT Grayburg Jackson	
				11. SEC., T., R., M., OR BLK. AND SUBVY OR AREA Sec. 7-T17S-R31E	
				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 ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
RIPOOT OR ACIDIZER ☐	ABANDON* ☐	RIPOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANS ☐	(Other) <u>Began pumping well</u> ☒	

(Other) Began pumping well
(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.)

5/16/91 Began pumping well.

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

SIGNED John Gould, Jr.

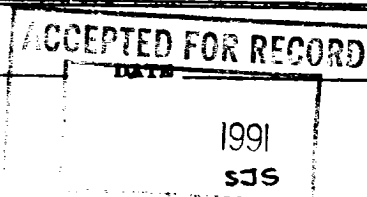
TITLE Manager

DATE 7/10/91

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____



*See Instructions on Reverse Side