

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING  
OFFICE FOR NUM  
OF COPIES REQU  
(Other instructions on re  
verse side)

MM Roswell District  
Modified Form No.  
MM60-3160-4

CLSF

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.)

RECEIVED

MAY 17 '90

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	2. NAME OF OPERATOR Socorro Petroleum Company	3a. Area Code & Phone No. 505/627-3269	5. LEASE DESIGNATION AND SERIAL NO. LC-029426-B
3. ADDRESS OF OPERATOR P.O. Box 38, Loco Hills, NM 88255	4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FNL & 660' FEL	6. IF INDIAN, ALLOTTEE OR TRIBE NAME	7. UNIT AGREEMENT NAME
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3942 GR	8. FARM OR LEASE NAME H.E. West "B"	9. WELL NO. 24
		10. FIELD AND POOL, OR WILDCAT Grayburg Jackson	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 10-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	<input type="checkbox"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other)	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
CHANGE PLANS	<input checked="" type="checkbox"/>		

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.)\*

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

We plan on converting this well to a water injection well.  
Application has been made to Oil Conservation Division  
for a permit to make this change.

Subject to  
Like Approval  
by State

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

SIGNED

Ben D. Gould

TITLE

Manager

DATE

5/8/90

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

5-14-90

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side