

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING
OFFICE FOR MAPS
OF COPIES REQUIRED
(Other instructions on re-
verse side)

MM Roswell District
Modified Form No.
M160-3160-4

457

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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		2. NAME OF OPERATOR Socorro Petroleum Company ✓		3a. Area Code & Phone No. 505/677-2360		5. LEASE DESIGNATION AND SERIAL NO. LC 029548	
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 990' FNL & 2250' FWL 1000' N 2350' W		6. IF INDIAN, ALLOTTEE OR TRIBE NAME		7. UNIT AGREEMENT NAME	
14. PERMIT NO.		15. ELEVATIONS (Show whether DT, RT, GR, etc.) 3716.8 N/A		8. FARM OR LEASE NAME C.A. Russell		9. WELL NO. 11	
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		10. FIELD AND POOL, OR WILDCAT Grayburg-Jackson QGSA		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 18 T17S R31E		12. COUNTY OR PARISH Eddy	
						13. STATE NM	

16. 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) Install pumping unit	<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 data, 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.)

A pumping unit will be installed on this well and its status changed from SI to producing.

ACCEPTED FOR RECORD

CARLOS A. RIVERA

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

SIGNED <u>John J. Jones</u>	TITLE <u>Manager</u>	DATE <u>3/6/90</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side