

Form 160-5
(November 1983)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
Alameda, NM 86210

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

5. LEASE DESIGNATION AND SERIAL

NM-45223

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Empire Federal

9. WELL NO.

#1 & #2

10. FIELD AND POOL OR WILDCAT

Grayburg Jackson

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

Sec. 6, T17S, R29E

12. COUNTY OR PARISH 13. STATE

Eddy

NM

1. ☒ OIL WELL ☒ GAS WELL ☐ OTHER
2. NAME OF OPERATOR
Tom Schneider
3. ADDRESS OF OPERATOR
c/o Oil Reports & Gas Services, Inc., Box 755, Hobbs, NM 88241
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below)
At surface
#1 2100' FNL & 1980' FEL Sec. 6
#2 710' FNL & 1503' FWL Sec. 6
14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GK, etc.)

OCT 14 '88

O.C.D.

ARTESIA OFFICE

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 COMPLETION

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Change Operator

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)

Filed to change operator from Boyd & McWilliams Corp. to Tom Schneider effective 9/1/88.

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

SIGNED *Maxine Hall*

TITLE Agent

DATE 9-19-88

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side

SJS