

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN
(Other Instr
verse side)

PLICATE
OR ON RE

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.

#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

Eddy

13. STATE

NM

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different location. Use "APPLICATION FOR PERMIT—" for such proposals.)

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' FWL Sec. 6

#2 710' FNL & 1503' FWL Sec. 6

14. PERMIT NO

15. ELEVATIONS (Show whether DF, 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 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 Donna Haller

TITLE Agent

DATE 9-19-88

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

SJS