

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING  
OFFICE FOR NUMBER  
OF COPIES REQUIRED  
(Other instructions on reverse side)

NM Roswell District  
Modified Form No.  
NMDG-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

DEC 9 1991

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		O. C. D. ARTESIA OFFICE	
2. NAME OF OPERATOR SOCORRO PETROLEUM COMPANY ✓		3a. Area Code & Phone No. 505-677-2360	
3. ADDRESS OF OPERATOR P.O. BOX 38, LOCO HILLS, N.M. 88255			
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 720' FSL & 1980' FWL			
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, OR, etc.) 3935' GR	
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		17. UNIT AGREEMENT NAME Grayburg Jackson	
18. COUNTY OR PARISH Eddy		19. 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"/>	PULL OR ALTER Casing	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETION	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANE	<input type="checkbox"/>
(Other) Reinstatement of APD			

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)			

(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.)

Please reinstate the Application for Permit to Drill the above well. This APD was cancelled by letter dated November 22, 1991. Socorro did not drill the well during the allotted time for economic reasons. Socorro plans to drill this well within the next year.

Post ID-1  
1-24-92  
Re-instate intent

18. I hereby certify that the foregoing is true and correct		
SIGNED <u>John Powell</u>	TITLE <u>Manager</u>	DATE <u>12/09/91</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE <u>12-26-91</u>
CONDITIONS OF APPROVAL, IF ANY:		

\*See Instructions on Reverse Side