OCD-Artesia

Form 3160-5

UNITED STATES

FORM APPROVED

| SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to deepen or reentry to a different reservoir. SUBMIT IN TRIPLICATE SUBMIT IN TRIPLICATE 1. Type of Well | (June 1990) DEPARTM | IENT OF THE INTERIOR | Budget Bureau No. 1004-0135 |
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| SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to deepen or reentry to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals. SUBMIT IN TRIPLICATE 1. Type of Well | BUREAU C | F LAND MANAGEMENT | Expires: March 31, 1993 5. Lease Designation and Serial No. |
| Do not use this form for proposals to drill or to deepen or reentry to a different reservoir. Submit in triplicate | CHAIRPY NOTICES AND DEPORTS ON MENT | | |
| SUBMIT IN TRIPLICATE 7. If Unit or CA, Agreement Design SUBMIT IN TRIPLICATE 7. If Unit or CA, Agreement Design SUBMIT IN TRIPLICATE 7. If Unit or CA, Agreement Design SUBMIT IN TRIPLICATE 7. If Unit or CA, Agreement Design SUBMIT IN TRIPLICATE 7. If Unit or CA, Agreement Design SUBMIT IN TRIPLICATE 7. If Unit or CA, Agreement Design SUBMIT IN TRIPLICATE 7. If Unit or CA, Agreement Design SUBMIT IN TRIPLICATE 7. If Unit or CA, Agreement Design SUBMIT IN TRIPLICATE 7. If Unit or CA, Agreement Design SUBMIT IN TRIPLICATE 7. If Unit or CA, Agreement Design SUBMIT IN TRIPLICATE 7. If Unit or CA, Agreement Design SUBMIT IN TRIPLICATE 7. If Unit or CA, Agreement Design SUBMIT IN TRIPLICATE 7. If Unit or CA, Agreement Design SUBMIT IN TRIPLICATE 7. If Unit or CA, Agreement Design SUBMIT IN TRIPLICATE 7. If Unit or CA, Agreement Design SUBMIT IN TRIPLICATE 7. If Unit or CA, Agreement Design SUBMIT IN TRIPLICATE 7. If Unit or CA, Agreement Design 8. Well Name and No. GATES 8. Well In Agreement No. GATES 8. Well In Agreement No. GATES 9. API Well No. 30–015–04517 10. Field and No. GATES | Do not use this form for proposals to | ES AND REPORTS ON WELLS | 6. If Indian, Allottee or Tribe Name |
| Type of Well Gas Well Other Section Received Section | Use "APPLICATION | | |
| Type of Well Gas Well Other Section Received Section | SUBA | MIT IN TRIPLICATE | 7. If Unit or CA, Agreement Designation |
| Subsequent Report Gas Well Other Cange of Plans Subsequent Report Plugging Back Subsequent Report Plugging Back Subsequent Report Plugging Back Casing Repair Casing Repair Casing Repair Casing Repair Casing Repair Conversion to Injection Conversion to Injection Conversion to Injection Conversion to Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directional give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)* | | | |
| 2. Name of Operator C E LARUE & BN MUNCY JR. 3. Address and Telephone No. P O BOX 1370 ARTESIA, NM 88211 4. Location of Well (Foolage, Sec., T., R., M., or Survey Description) 12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION TYPE OF SUBMISSION TYPE OF ACTION Notice of Intent Subsequent Report Plugging Back Conversion to Injection Plugging Back Other Altering Casing Other | Oil Gas | S G W S | |
| C E LaRUE & BN MUNCY JR. 3. Address and Telephone No. P O BOX 1370 ARTESIA, NM 88211 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 10. Field and Pool, or Exploratory / 10. Field and Pool, or Exploratory / 11. County or Parish, State BDDY NM 12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION TYPE OF ACTION Notice of Intent Abandonment Recompletion Recompletion Plugging Back Plugging Back Casing Repair Altering Casing Other Other Other Dispose Water (Note, Report results of multiple completic Conversion to Injection Other Other Other Other Other Other Submirated date of starting any proposed work. If well is directions give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)* | | = | |
| 3. Address and Telephone No. P O BOX 1370 ARTESIA, NM 88211 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 11. County or Parish, State 230 FSL AND 2310 FWL SEC 15, T18S, R30E 12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION TYPE OF ACTION Notice of Intent Abandonment Recompletion Plugging Back Plugging Back Non-Routine Fracturing Water Shut-Off Casing Repair Casing Repair Other | | RECEIVESIA & | |
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| Completion or Recompletion Report and I 13. 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 directional 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 |
| government to this work.)* | 13. Describe Proposed or Completed Operations (Clearly sta | te all pertinent details, and give pertinent dates, including estimated date of starting | Completion or Recompletion Report and Log form.) |
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| 14. I hereby certify that the foregoing is true and correct | 14. I hereby certify that the foregoing is free and correct | | |
| Signed OWNER 08/19/00 | (c) (C) | Tista OWNER | 08/18/00 |
| Title OWNER Date 08/18/00 (This space for Federal or State office use) | | IIIE | Date |
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| Approved by Title Date | | Title | Date |
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