

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Expires August 31, 1985
5. LEASE DESIGNATION AND SERIAL NO.
NM063472
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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.)

NM OIL CONS COMMISSION
Drawer DD
Artesia, NM 88210

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Herman J. Ledbetter

3. ADDRESS OF OPERATOR

P.O. Box 5879 Abilene, Texas 79608

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

1980 FSL & 660 FWL

FEB 10 1994

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Canfield Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Loco Hills GB-SA

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

Sec. 17-18S-30E

12. COUNTY OR PARISH 13. STATE

Eddy

New Mexico

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 PLANE

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

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.) *

Request permission to study this well for 90 days to determine if it has possibilities of further economic production.

APPROVED FOR 3 MONTH PERIOD
ENDING 5/15/94

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

SIGNED

Herman J. Ledbetter

TITLE Operator

DATE 1/18/94

(This space for Federal or State office use)

APPROVED BY

2-10 2201 DE G. (ADE)

TITLE

DATE 2/15/94

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side