Submit 3 Copies to Appropriate District Office

State of New Mexico Enc ---, Minerals and Natural Resources Departmer --

Form	C	-10
Revise	ed	1-1

DISTRICT I P.O. Box 1980, Hobbs, NM 88240	P.O. Box 2088 ECEIVED TRICT II Santa Fe, New Mexico 87504-2088 TRICT III TRICT III		WELL API NO. 5. Indicate Type of Lease STATE X FEE		
DISTRICT II P.O. Drawer DD, Artesia, NM 88210					
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No.		
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" (FORM C-101) FOR SUCH PROPOSALS.)		7. Lease Name or Unit Agreement Name Walter Solt State SWD			
1. Type of Well: OIL GAS WELL WELL	OTHER SWD		Walson Sols		
2. Name of Operator	arne of Operator		8. Well No.		
I & W, Inc.	I & W, Inc. Address of Operator 9. Pool nam		9. Pool name or Wildcan	1	
P.O. Box 98 Loco	Hills, NM 88255				
4. Well Location Unit Letter : 40	O Feet From The West	Line and 224	O Feet From The	South L	
Section 5	10. Elevation (Show wheth	er DF, RKB, RT, GR, etc.)	NMPM Eddy	County	
	3644.4		lamort or Other Day	//////////////////////////////////////	
NOTICE OF INTE	ppropriate Box to Indicate NTION TO:		SEQUENT REP		
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	· ·	ERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING		G AND ABANDONMENT	
	CHARGE FEARS	CASING TEST AND C		G AND ADANDONNEN	
PULL OR ALTER CASING OTHER:		,			
12. Describe Proposed or Completed Operation work) SEE RULE 1103.	ns (Clearly state all pertinent details,	and give pertinent dates, inclu	ding estimated date of starts	ing any proposed	
Cement Squeeze: 5	/3/91 to 5/9/91				
2. Squeezed w/2 and 250 sks. 3. Found cmt. t	op @ 6250' by tem	ıl. np. survey.			
30 min. No p 5. Ran back pkr	cement & tested soressure loss. . & tbg. & set @ min.No pressure l	7457'. Tested	backside to		
I hereby certify that the information above is true as		md belief. 1771.E <u>General Ma</u>	anager	6/3/91	
SIGNATURE Michael A	· WILL	IME General Ma		DATE	
TYPE OR PRINT NAME Michael	R. Butts		7	TELEPHONE NO. 746-42	
(This space for State Use) ORIGINAL SI	_			JUN 5 1991	

CONDITIONS OF APPROVAL, IF ANY:

SUPERVISOR, DISTRICT I

DATE ----