

District Office

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

01 CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

RECEIVED
DEC 30 1991

O. C. D.
ARTESIA OFFICE

WELL API NO. *clsr DP*

5. Indicate Type of Lease

Fed

STATE ☐

FEE ☐

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.)

1. Type of Well:

OIL
WELL ☒

GAS
WELL ☐

OTHER ☐

2. Name of Operator

B & A Operating Co. ✓

3. Address of Operator

P.O. Box 136, Lovington, N.M. 88260

4. Well Location

Unit Letter H : 1980 Feet From The North Line and 660 Feet From The East Li:

Section 1 Township 19S Range 30E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3508 GL

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒ ALTERING CASING

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Queen Sand Perfs @ 3090 - 3118. Plugged and scaled off since (est.) 1960.
Rigged reverse rig with wash-over pipe and over-shot tool with bit and cleaned well out to orig. TD.
Acidized with 1200 Gals 15% NE/FE, Dec.
Davis Tool Co., Clarke Oil Well Servicing, Charger Acidize, I & W, Inc.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE D.R. Bell TITLE Manager/Operations DATE 10-30-91

TYPE OR PRINT NAME D.R. Bell TELEPHONE NO. 396-3062

(This space for State Use)

For Record Only

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: