

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN 7
(Other instru-
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

N M-10 025559

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal 13

9. WELL NO.

1 X

10. FIELD AND POOL, OR WILDCAT

Benson-Yates East

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

13-19S-30E NMPM

12. COUNTY OR PARISH 13. STATE

Eddy

New Mexico

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.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Glen Plemons

3. ADDRESS OF OPERATOR

P.O. Box 965 Wolfforth, Texas 79382

ARRESIA, OFFICE

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

1980' FMH 330' FW-

Sect 13-19S-30E NMPM

14. PERMIT NO.

15. ELEVATIONS (Show whether LF, RT, GR, etc.)

18. 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 COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) change of operator

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 change of operator from : E.A Culbertson & Wallace W.
Irwin & Southern California
Petroleum Corp.
PO.Box 1071
Midland, Texas 79701

To: Glen Plemons
P.O. Box 965
Wolfforth, Texas 79382

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

SIGNED

TITLE

OWNER

DATE

4-24-89

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

DATE

AUG 9 1989

*See Instructions on Reverse Side

SJS
CARLSBAD NEW MEXICO