

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT 1 RPLIFICATE*
(Other instructions on re-
verse side)

Form approved. 955
Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND AERIAL NO.

L.C. 058709 A

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.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Injection Well	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR G.R.S.J.	8. FARM OR LEASE NAME Taylor Unit
3. ADDRESS OF OPERATOR Box 6, Loco Hills NM 88255	9. WELL NO. 7
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660 FSL & 1980 FWL	10. FIELD AND POOL, OR WILDCAT Shugart
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 12. 18S-R31E
15. ELEVATIONS (Show whether DF, RT, OR, etc.) 3750 Gr.	12. COUNTY OR PARISH Eddy
	13. STATE NM

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 COMPLETE ☐
ABANDON* ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐
FRACTURE TREATMENT ☐
SHOOTING OR ACIDIZING ☐
(Other) ☒ Pressure test

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.) *

3/26/91 Found hole in tubing. Replaced bad joint Re ran tubing and Set packer at 3520.

3/28/91 Pressure test casing to 500# held 30 min.

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

SIGNED

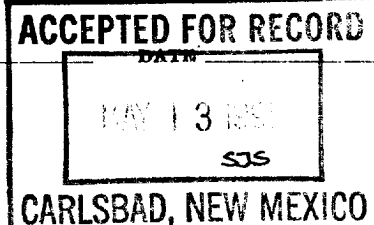
TITLE Geologist

DATE 5/6/91

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE



*See Instructions on Reverse Side

RECEIVED

MAY 8 11 26 PM '91

CAR
AREA

AGE
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