

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN DUPLICATE\*  
(Other instructions on re-  
verse side)

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

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> INJECTION well		7. UNIT AGREEMENT NAME Taylor Unit	
2. NAME OF OPERATOR GRSJ		8. FARM OR LEASE NAME MAY 14 1991	
3. ADDRESS OF OPERATOR Box 6, Loco Hills NM 88255		9. WELL NO. 15	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980 FNL & 1980 FWL		10. FIELD AND POOL, OR WILDCAT	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3734 Gr.	
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 13 T18S-R31E	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting and 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.)		12. COUNTY OR PARISH Eddy	
		13. STATE NM	

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF  
FRACTURE TREAT  
SHOOT OR ACIDIZE  
REPAIR WELL  
(Other)

FULL OR ALTER CASING  
MULTIPLE COMPLETE  
ABANDON\*  
CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF  
FRACTURE TREATMENT  
SHOOTING OR ACIDIZING  
(Other) Casing test

REPAIRING WELL  
ALTERING CASING  
ABANDONMENT\*

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

4/15/91 Cleaned well out to total depth 3558  
4/17/91 Ran 3325' 2 3/8" tubing set Baker packer at 3327  
Pressure test casing to 300# held 30 min  
Prep to place back on active injection

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

SIGNED

TITLE Geologist

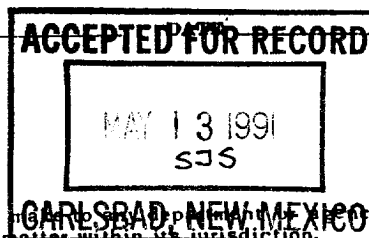
DATE 5/6/91

(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 25 PM '91

CARLOS RIVERA  
AREA MGR

RECEIVED  
MAY 14 1991  
O. C. D.  
ARTESIA OFFICE

