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| Form 3160-5 June 1990) | UNITED STATE DEPARTMENT OF THE BUREAU OF LAND MAN | INTERIOR | FORM APPROVED Budget Bureau No. 1004-0135 Expires: March 31, 1993 Jackense Designation and Serial No. LC059569B |
| Do not use this form for | PRY NOTICES AND REPO proposals to drill or to dee PLICATION FOR PERMIT- | DRTS ON WELLS pen or reentry to a different reservoir. | 6. If Indian, Allottee or Tribe Name |
| | 7. If Unit or CA, Agreement Designation | | |
| I. Type of Well Dil Gas Well Gabe Other | | | 8910115820 8. Well Name and No. |
| 2. Name of Operator Glen Plemons | | | NSOU #1 9. API Well No. |
| Address and Telephone No. 8216 Chicago, Lubbock, Texas 79424 806-794-0435 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) | | | 300150559700S1 10. Field and Pool, or Exploratory Area |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Unit letter C 1650' FWL & 990' FNL of | | | N. Shugart Queen Uni 11. County or Parish, State |
| Sec 21 T185 R3 | | | Eddy County, N.M. |
| 12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPC | | | RT, OR OTHER DATA |
| TYPE OF SUBMIS | SION | TYPE OF ACTION | |
| Notice of Intent | | Abandonment Recompletion | Change of Plans |
| X Subsequent Report | | Plugging Back Casing Repair | Water Shut-Off |
| Final Abandonmen | t Notice | Altering Casing Out.e, Change in status | Conversion to Injection Dispose Water Note: Report results of multiple completion on Well Completion on Recompletion Propurt and Log form.) |
| 13. Describe Proposed or Completed Op give subsurface locations and t | perations (Clearly state all pertinent details measured and true vertical depths for all | s, and give pertiment dates, including estimated date of starti markers and zones pertiment to this work.)* | |
| - | | m Temporary abandoned to | pumping |
| _ | e July 14, 1998 | | |
| | 128293031-723 | | |
| | OCD RECEIVED ARILSIA | ACCEPTED FOR RECORD PETER W. CHESTER OCT 27 1000 | |
| | CF2026181 (191917) | BUREAU OF LAND MANAGEM ROSWELL RESOURCE AREA | |
| 14. I hereby certify that the forepoing Signed | Ti | ne_AsonT | Date 9/23/98 |
| (This space for Federal or State of Approved by | | tle | Date |
| | is a stars for the particul inputingly and | willfully to make to any department or agency of the Unit | ted States any false, fictitious or fraudulent statements |