

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN THIS MANNER
(Other instructions on reverse side)

Form Approved
Budget Bureau No. 1004-0115
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. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR
Herman J. Ledbetter

3. ADDRESS OF OPERATOR

P.O. Box 5879 Abilene, Texas 79608

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

2130 FSL & 330 FEL
2310

14. PERMIT NO.

15. ELEVATIONS (Show whether OF, AT, OR, etc.)

NM OIL

Drawer

Artesia

NM 06814

6. NAME OF LANDOWNER OR TRIBE NAME

DD

7. LEASE DESIGNATION AND SERIAL NO.
NM 88210

1. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Southern Federal

9. WELL NO.

10. FIELD AND POOL, OR WILDCAT

N. Hackberry Yates, SR

11. SEC., T., S., M., OR BLE. AND SURVEY OR AREA

30-19S-31E

12. COUNTY OR PARISH

Eddy

13. STATE

New Mexico

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) Put back on production

PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON*

CHANGE PLANE

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

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

SUBSEQUENT REPORT OF:

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

ACCEPTED FOR RECORD

DAVID R. GLASS

CARLSBAD, NEW MEXICO

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

SIGNED

TITLE

DATE 11/22/93

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side