

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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

6. LEASE DESIGNATION AND SERIAL NO. 6F

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 2261 FWL & 330 FNL	5. PERMIT NO.	6. ELEVATIONS (Show whether SP, RT, GR, etc.)	7. UNIT ACREMENT NAME Artesia, NM 88210	8. FARM OR LEASE NAME Southern Federal	9. WELL NO. 5	10. FIELD AND POOL, OR WILDCAT N. Hackberry Yates, SR	11. SEC., T., S., R., OR BLK. 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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	☐	WATER SHUT-OFF	☐
FRACTURE TREAT	☐	FRACTURE TREATMENT	☐
ABANDON OR ACIDIZE	☐	SHOOTING OR ACIDIZING	☐
REPAIR WELL	☐	(Other)	☐
(Other) Put on production	☒	(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Identify 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.)

Put back on production.

ACCEPTED FOR RECORD
(OR G. SGD.) DAVID R. GLASS
CARLSBAD, NEW MEXICO

RECEIVED
NOV 29 10 20 AM '93
CARLSBAD
ARTESIA

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