

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN THE INDICATED
(Other instructions on reverse side)

Oil
Drawer
Artesia

Form Approved
Budget Bureau No. 1004-0115
Expires August 31, 1985

LEASE DESIGNATION AND SERIAL NO.
CONS COMMISSION
DEM 06814
NM 88210

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

990 FSL & 330 FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether SP, RT, OR, etc.)

7. UNIT ASSIGNMENT NAME

8. FARM OR LEASE NAME

Southern Federal

9. WELL NO.

10. FIELD AND POOL, OR WILDCAT

N. Hackberry Yates, SR

11. SEC., T., R., W., 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:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other) Put on production

PILL OR ALTER PILING

MULTIPLE COMPLETION

ABANDON*

CHANGE PLANS

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

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

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

17. DOWNSIDE 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.)

Put back on production.

ACCEPTED FOR
(ORIG. SGD.) 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

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side