

RECEIVED

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NEW OIL CONS. COMMISSION

Drawer DD
Alameda, NM 88210

FORM APPROVED

Budget Bureau No. 1004-0135
Expires: September 30, 1990

5. Lease Designation and Serial No.

LC-029387-D

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

KENWOOD FEDERAL #3

9. API Well No.

30-015-10089

10. Field and Pool, or Exploratory Area

SHUGART (Y.S.R.Q.G.B.)

11. County or Parish, State

EDDY COUNTY, NM

SUNDRY NOTICES AND REPORTS ON WELLS
Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

XERIC OIL & GAS COMPANY

3. Address and Telephone No.

P.O. BOX 51311, MIDLAND, TX 79710 (915)683-3171

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

UNIT "K" 1650' FSL, 1490' FWL,
Sec. 19, T18S, R31E

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other

- ☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection

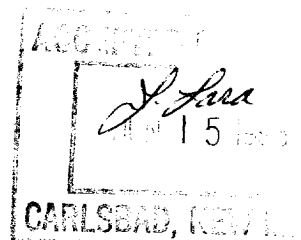
MECHANICAL INTEGRITY TEST REPORT

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

13. Describe 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.)

THIS WELL HAS UNDERGONE A MECHANICAL INTEGRITY PRESSURE TEST ON 5-13-93.
A COPY OF THE RECORDER CHART IS ATTACHED TO THIS NOTICE.

This Approval of Temporary
Abandonment Expires 5/98



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

Signed

Title

OPERATIONS MANAGER

Date

5-14-93

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any: