

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

NM OIL CONS. COMMISSION  
Drawer DD  
Artesia, 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 #1

9. API Well No.

30-015-10089

10. Field and Pool, or Exploratory Area

Shugart(Y.SR.Q.GB.)

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

RECEIVED

JUL 7 1993

A.T.D.

1. Type of Well

☐ Oil Well ☐ Gas Well ☒ Other WATER INJECTION WELL

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 N, 330' FSL, 2154' FWL

S19,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

CHANGE STATUS ON MMS-3160

(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.)

PLEASE CHANGE THE STATUS OF THIS WELL ON THE MMS-3160 REPORT FROM WIW  
TO WIWSI.

J. Lara

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

Signed

OPERATIONS MANAGER

Date

6-23-93

(This space for Federal or State office use)

Approved by

Conditions of approval, if any

Date