

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TR (CATE*
(Other instruct on re-
verse side)

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

5. LEASE DESIGNATION AND SERIAL NO.

NM-045276

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Preston Federal

9. WELL NO.

10. FIELD AND POOL, OR WILDCAT

So. Dagger Draw, Penn

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 35 T20S R24E

14. PERMIT NO.

30-015-20349

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3683' GL

O.C.D.
ARTESIA OFFICE

12. COUNTY OR PARISH

Eddy

13. STATE

NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETION

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other) Off Lease Storage

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other)

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

17. 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.)

We request approval for off lease storage for this well. The storage facilities will be located at the Vicki Federal No. 1, Unit G, Sec. 26, T20S, R24E (NM-045275).

Previous approval was given for this in February, 1985. However the wrong location was given at that time. (See attached approval)

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

SIGNED

D.F. Finney

TITLE

Adm. Supervisor

DATE

12/22/88

(This space for Federal or State office use)

APPROVED BY

TITLE

FOR: MINERAL RESOURCES

DATE

6/27/89

CONDITIONS OF APPROVAL, IF ANY.

*See Instructions on Reverse Side