

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions
reverse side)

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

5. LEASE DESIGNATION AND SERIAL NO.

NM-31200

6. IF INDIAN, ALL TRIBE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Lakewood Federal

9. WELL NO.

#1

10. FIELD AND POOL, OR WILDCAT

Seven Rivers Vaso

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

Sec. 34, T-19-S, R-25-E

12. COUNTY OR PARISH 13. STATE

Eddy

NM

1. OIL WELL ☒ GAS WELL ☐ OTHER

2. NAME OF OPERATOR

Wayne Head

3. ADDRESS OF OPERATOR

P.O. Box 468, Artesia, New Mexico 88210

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)

See also space 17 below.)

At surface 1993 FEL & 660 FSL of Section

14. PERMIT NO.

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

GR 3509

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)

Return well to production

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

SIGNED

TITLE Operator

DATE 3-21-88

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

01-21-88

*See Instructions on Reverse Side

SJS
CARLSBAD, NEW MEXICO