

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions
verse side)

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

45F

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
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 2190' FSL; 588' FEL

14. PERMIT NO. _____

15. ELEVATIONS (Show whether DF, RT, CR, etc.) O. C. D.
3544 ARTESIA, OFFICE

5. LEASE DESIGNATION AND SERIAL NO.
NM-31200

6. IF INDIAN, ALLOTTEE OR TRIBE NAME _____

7. UNIT AGREEMENT NAME _____

8. FARM OR LEASE NAME
Lakewood Federal

9. WELL NO.
#3

10. FIELD AND POOL, OR WILDCAT
Seven Rivers, Yeso

11. SEC., T., R., M., OR B.L. AND SURVEY OR AREA
Sec. 34; T-19-S; R-25-E

12. COUNTY OR PARISH Eddy 13. STATE NM

JUL 25 '88

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	☐	WATER SHUT-OFF	☐
FRACTURE TREAT	☐	FRACTURE TREATMENT	☐
SHOOT OR ACIDIZE	☐	SHOOTING OR ACIDIZING	☐
REPAIR WELL	☐	(Other)	☐
PULL OR ALTER CASING	☐	(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	
MULTIPLE COMPLETE	☐		
ABANDON*	☐		
CHANGE PLANT	☐		

(Other) Change of Operator

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

Wayne Head

TITLE Operator

DATE 7-20-88

(This space for Federal or State office use)

APPROVED BY _____

CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

ACCEPTED FOR RECORD

JUL 22 11 26 AM '88

SJS

CARLSBAD, NEW MEXICO

*See Instructions on Reverse Side