

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other Instructions on Form 3160-5)

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

clsf

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.)

RECEIVED BY  
OCT 8 1985  
O. C. D.  
ARTESIA, OFFICE

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR  
Cantro Exploration, Inc. ✓

3. ADDRESS OF OPERATOR  
909 N.E. Loop 410, Ste-711, San Antonio, Tex. 78209

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)  
At surface  
NE4 NW4 Sec 28, T19S, R31E  
380' FNL & 1650' FWL of Section

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
3511 GL 3516 KB

5. LEASE DESIGNATION AND SERIAL NO.  
L.C. 063622

6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
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7. UNIT AGREEMENT NAME  
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8. FARM OR LEASE NAME  
TENNECO-FEDERAL

9. WELL NO.  
3

10. FIELD AND POOL, OR WILDCAT  
NORTH HACKBERRY - YCGR

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec 28, T19S, R31E

12. COUNTY OR PARISH  
Eddy

13. STATE  
N.M.

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

NOTICE OF INTENTION TO:

|  |   |
|--|---|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/>      | MULTIPLE COMPLETION <input type="checkbox"/>  |
| SHOOT OR ACIDIZE <input type="checkbox"/>    | ABANDON* <input type="checkbox"/>             |
| REPAIR WELL <input type="checkbox"/>         | CHANGE PLANS <input type="checkbox"/>         |
| (Other) <input type="checkbox"/>             |   |

SUBSEQUENT REPORT OF:

|  |  |
|--|--|
| WATER SHUT-OFF <input type="checkbox"/>                      | REPAIRING WELL <input type="checkbox"/>  |
| FRACTURE TREATMENT <input type="checkbox"/>                  | ALTERING CASING <input type="checkbox"/> |
| SHOOTING OR ACIDIZING <input type="checkbox"/>               | ABANDONMENT* <input type="checkbox"/>    |
| (Other) Surface & Production Casing <input type="checkbox"/> |  |

(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.)\*

Set 295', 8 5/8", 24#, J-55 Surface Casing. Cemented same with 200 sks. of Class "C" + 2% CaCl. Circulated 35 sks. to pits.  
Drilled to T.D. of 2415'.  
Ran 69 jts.(2409.44') of 5 1/2", 15.50#, J-55, casing set at 2414.44'. Cemented same with 300 sks. HOWCO LITE + 6# salt and 100 sks. of Class "C". Circulated 5 sks. to pits.  
Well Spud - August 5, 1985  
Well T.D. and casing set - August 9, 1985

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

SIGNED Robert M. Brier TITLE President DATE 9-29-85

(This space for Federal or State office use)

APPROVED BY FOR RECORD TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

SWD  
OCT 4 1985

\*See Instructions on Reverse Side