

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

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

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
Cantro Exploration, Inc. ✓

3. ADDRESS OF OPERATOR
PO Box 700150, San Antonio, TX 78270
Agent: PO Box 196 Artesia, NM 88211-0196

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

14. PERMIT NO. 2240' FSL & 1650' FWL

15. ELEVATIONS (Show whether DF, RT, CR, etc.)
3495' GL

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

RECEIVED

OCT 15 1991

O. C. D.
ARTESIA OFFICE

5. LEASE DESIGNATION AND SERIAL NO.

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Tenneco Federal

9. WELL NO.
1

10. FIELD AND POOL, OR WILDCAT
N. Hackberry Yates 7-Rivers

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 21, T19S, R31E

12. COUNTY OR PARISH
Eddy

13. STATE
NM

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.)*

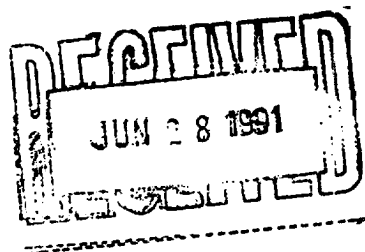
NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>	WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input checked="" type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>	(Other)	<input type="checkbox"/>		
(Other)	<input type="checkbox"/>						

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

Above captioned well was plugged and abandoned 10-4-88. Witnessed by BLM.
Dry hole marker has been installed and the location has been restored, seeded and barricaded. All equipment and materials have been removed.

If any questions please contact C.E. LaRue, Agent, at 505-746-6651.



Post ID-2
11-1-91
Px A

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

SIGNED [Signature] TITLE Agent DATE 6-26-91

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: _____

*See Instructions on Reverse Side