Form 3160-5 (November 1983) (Formerly 9-331)	UNITED STATES DEPARTMEL OF THE INT	SUBMIT IN TRIP' TE (Other instruction. re ERIOR verse side)		No. 1004-0135 31, 1985	
(1 01	BUREAU OF LAND MANAGEM		NM-01119	AND STEIAL NO.	
	NDRY NOTICES AND REPORT s form for proposals to drill or to deepen or p Use "APPLICATION FOR PERMIT" for an		6. IF INDIAN, ALLOTTER	E OR TRIBE NAME	
I. OIL CAS WELL XX WELL	OTHER	eer 15 '00	7. UNIT AGREEMENT NA	ME	
2. NAME OF OPERATOR George	D. Riggs /	8. FARM OB LEASE NAME Welch Federal			
3. ADDRESS OF OPERATO P.O. B	ox 116 Carlsbad, NM	88221 ARTESA, OFFICE	9. WELL NO. 1		
 LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 			10. FIELD AND POOL, OF WILDCAT Cedar Hills		
	,		11. SBC., T., E., M., OF B SURVEY OF AREA		
1650'	FSL & 2310' FEL	Sec 5-T21S-	R27E, NMPM		
14. PERMIT NO.	15. ELEVATIONS (Show wheth	er DF, RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE		
	<u> 3580, CF</u>		EDDY	<u>NM</u>	
6.	Check Appropriate Box To Indica	ie Nature of Notice, Report, or (Other Data		
NOTICE OF INTENTION TO: BUBSE			UENT REPORT OF :		
TEST WATER SHUT-	PULL OR ALTER CASING	WATER SHOT-OFF	REPAIRING W	FELL	
FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CA	BING	
SHOOT OB ACIDIZE		SHOOTING OR ACIDIZING	ABANDONMEN	·T•	
REPAIR WELL	CHANGE PLANS	(Other)			
(Other)		(NOTE: Report results	(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)		

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.)*

This will serve notice of our intention to pull the rods and tubing; clean the well back to the plugged back depth of 545', possibly place 15% HCL or other treatment as determined needed by clean-out, and place the well back into active production.

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We will phone the Carlsbad BLM office, Mr. Shannon Shaw, of the exact date when work will begin, at least 24 hrs. in advance.

RECEIVED	2 10 11 10 10 10 10 10 10 10 10 10 10 10		
	SEP 26 CAR AREA		
18. I hereby	certify that the foregoing is true and co	rrect	
		TITLE <u>Operator</u>	DATE 09-25-90
(This sp	ace for Federal or State office use)		
APPROVED BY CONDITIONS OF APPROVAL, IF ANY:		TITLE	DATE C 10 10

*See Instructions on Reverse Side