

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN THE  
(Other Instructions  
verse side)

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985  
BLM CONS. COMMISSION  
Lawyer DD  
Artesia, NM 88218

dsf

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 Bill Taylor M 29 '94

3. ADDRESS OF OPERATOR 1106 N. Country Club, Carlsbad, NM 88220 O. C. D. ARTESIA, OFFICE

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface  
2970' FSL & 990' FEL

14. PERMIT NO. 30-C15-010691 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3250 GL

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME Welch Federal

9. WELL NO. Riggs # 3

10. FIELD AND POOL, OR WILDCAT Cedar Hills Yates

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 5-T21S-R27E, NMPM

12. COUNTY OR PARISH EDDY 13. STATE NM

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Extend TA Status</u> <input checked="" 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.)\*

Request is made to continue TA status for twelve months.

Pumping equipment has been placed in and over the well; and a tank battery is being constructed on-pad.

The well casing has periodically passed integrity testing, as reported last by Sundry Notice of TA test, dated 1/03/93, which test was witnessed by BLM's Mr. Don Early.

APPROVED FOR 12 MONTH PERIOD  
ENDING 1/1/95

RECEIVED  
JUL 6 8 25 AM '94

18. I hereby certify that the foregoing is true and correct  
SIGNED Bill Taylor TITLE Operator DATE 7/06/94

(This space is for Federal or State office use)  
APPROVED BY (ORIG. SGD.) JOE G. LARA TITLE PETROLEUM ENGINEER DATE 7/28/94  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side