

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate
(Other instructions
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Budget Bureau No. 1004-01-5
Expires August 31, 1985

25F

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		2. NAME OF OPERATOR CASA PETROLEUM, INC		3. ADDRESS OF OPERATOR 103 EAST COMPRESS RD. ARTESIA N.M. 88210		4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FNL & 660' FEL SEC. 34 T 21S R 34E		5. LEASE DESIGNATION AND SERIAL NO. N.M. 53281		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
14. PERMIT NO.		15. ELEVATIONS (Show whether LF, RT, GR, etc.) 3960 GR		7. UNIT AGREEMENT NAME		8. FARM OR LEASE NAME TRES INDIOS FED.		9. WELL NO. 1		10. FIELD AND POOL, OR WILDCAT WILDCAT-BS	
12. COUNTY OR PARISH EDDY		13. STATE N.M.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC. 34-T-21s-R24e		16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA		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.)*		18. I hereby certify that the foregoing is true and correct	

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 checked="" 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 PLANE	<input type="checkbox"/>	(Other)	<input type="checkbox"/>		

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

PLAN TO PLUG WELL AS FOLLOWS:

SET CIBP AT 6250 & CEMENT WITH 15' CEMENT ON TOP
SET CIBP AT 4550 & CEMENT WITH 15' CEMENT ON TOP
SET CIBP AT 3900 & CEMENT WITH 15' CEMENT ON TOP
SET CIBP AT 2250 & CEMENT WITH 15' CEMENT ON TOP

PERFORATE 5 1/2 CSG. AT 310' AND CIRC CEMENT BACK TO SURFACE
SET 15 SK SURFACE PLUG
INSTALL DRY HOLE MARKER
Cement will be kept in the 5 1/2 casing from 310' to surface.

18. I hereby certify that the foregoing is true and correct		SIGNED <u>Karen</u>		TITLE <u>Pres.</u>		DATE <u>10-29-84</u>	
(This space for Federal or State office use)		APPROVED BY		TITLE		DATE <u>11-13-86</u>	
CONDITIONS OF APPROVAL, IF ANY:							

*See Instructions on Reverse Side

RECEIVED
NOV 14 1986
FBI
HONOLULU