

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPI  
(Other Instructions  
verse side)

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

dsf

5. LEASE DESIGNATION AND SERIAL NO.

NM-76919

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Roaring Spring Fed. Com.  
R. WELL NO.

10. FIELD AND FOOT OR WILDCAT

Indian Basin Morrow  
11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

Sec. 14, T-21-S, R-23-E

12. COUNTY OR PARISH 13. STATE

Eddy NM

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.)

OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

Bill Fenn, Inc. ✓

3. ADDRESS OF OPERATOR

P. O. Drawer 569, Giddings, Texas 78942

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

1650' FNL & 990' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3791.6 GR

16

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

NOTICE OF INTENTION TO:

TEST WATER SHUT OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Packer Depths

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

XX

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.)

5-30-89 Baker Model K Dual Packer at 7268  
Baker Model 10 Packer at 8190  
Well Shut in waiting on gas line

AMS

RECEIVED

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

SIGNED

Kim Magee

TITLE Agent

DATE 12-13-89

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side