

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other Instructions on
reverse side)

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

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Water Disposal		5. LEASE DESIGNATION AND SERIAL NO. NM01119	
2. NAME OF OPERATOR Bill Taylor ✓		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 1106 N. Country Club, Carlsbad, NM 88220		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 4122' FNL & 330' FEL		8. FARM OR LEASE NAME Welch-Yates C Fed.	
14. PERMIT NO.		9. WELL NO. Riggs Fed 7, 3001567100	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3231' GL		10. FIELD AND POOL, OR WILDCAT Cedar Hills Yates/7Riv.	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 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>Place & Test Casing/Packer</u> <input checked="" type="checkbox"/>	
(Other) <input 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.) *

8/12/92: Set Guiberson Tension packer in 5 1/2" Casing at 522' with Tretolite CRO 170 between casings; pressured to 520#s and left on overnight.

8/13/92: NMOCD's Johnny Robinson conducted test at 500#s for 30 minutes, 11:00 a.m.; pressure still holding from yesterday: TEST AND EQUIPMENT APPROVED.

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

SIGNED Bill Taylor TITLE Operator DATE 8/22/92

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side