

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRII
(Other instruction
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires 9/1/1985
NM Oil Cons. Commission
DATE
B. for
CLASS DESIGNATION AND SERIAL NO.

Drawer DD
Artesia, NM 88210

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"/>		7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Bill Taylor		8. FARM OR LEASE NAME Welch Federal
3. ADDRESS OF OPERATOR 1106 N. Country Club, Carlsbad, NM 88220		9. WELL NO. Taylor Fed. No. 8
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2310' FSL & 1650' FEL		10. FIELD AND POOL, OR WILDCAT Cedar Hills Yates
14. PERMIT NO.		11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA 5-T21S-R27E, NMPM
15. ELEVATIONS (Show whether DF, RT, GK, etc.) 3294' GL		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 PLANE <input type="checkbox"/>	(Other) <u>Continued Operations</u> <input checked="" type="checkbox"/>	

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.) *

Completion efforts continue to locate and isolate a commercial oil strata from excessive water infringement.

Individual footages are being isolated by placing cement plugs and using a down-hole packer, and subsequently swabbing/pumping fluids into a 500 barrel tank.

J. Lara

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

SIGNED Bill Taylor TITLE Operator DATE 7/25/94

(This space for Federal or State office use)

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

*See Instructions on Reverse Side