

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Conc Division
811 S. 1st Street
Artesia, NM 88210-2834

C/S F

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

5. Lease Designation and Serial No.
Welch Fed: NM01119

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.
Taylor Fed. #8

9. API Well No.
300152708500

10. Field and Pool, or Exploratory Area
Cedar Hills Yates/7R

11. County or Parish, State
Eddy, NM

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

Bill Taylor

3. Address and Telephone No.

1106 N. Country Club Carlsbad, NM 88220

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

2310' FSL & 1650 FEL; Sec. 5, T21S, R27E

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

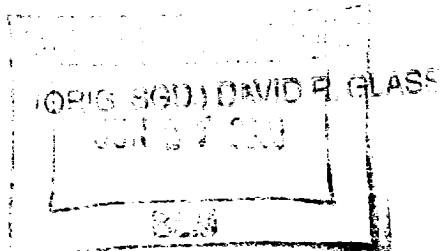
TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☒ Altering Casing
☐ Other
- ☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

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

13. 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.)*

Isolation of oil zones has been undertaken:
Tubing, pump, and rods have been run into hole;
A pump jack and engine have been placed;
Waiting on tank battery and connections to test for production allowable;
Completion unit is remaining onsite to aid in any needed further adjustments.



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

Signed Bill Taylor

Operator

6/17/2000

Date

(This space for Federal or State office use)

Approved by

Conditions of approval, if any:

Title

Date