

Form 3160-5  
(June 1990)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

**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

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

5. Lease Designation and Serial No.

NM-0100958

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Dark Canyon Com #1

9. API Well No.

3001521439

10. Field and Pool, or Exploratory Area

Rock Tank Morrow

11. County or Parish, State

Eddy, New Mexico

**SUBMIT IN TRIPLICATE**

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

Bledsoe Petro Corp.

3. Address and Telephone No.

3908 N. Peniel, Suite 500, Bethany, OK 73008 (405) 789-5053

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

660 FNL & 660' FWL  
Sec 18-T23S-R25E

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 Attempt to return to production

- ☐ 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.)\*

This well was stimulated in November 1993 with 2000 GAL Methanol and 31 Tons CO<sub>2</sub> to overcome a perceived water block in the near vicinity of the well bore. Some improvement has been noted from this treatment but all treating fluids have not been recovered and the well is being swabbed to recover lost fluids and sustain flow.

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

Signed

Title Vice President

Date 12/8/93

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any: