

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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

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 & PATSY RICH

3. Address and Telephone No.

c/o OIL REPORTS & GAS SERVICES, INC., P. O. BOX 755, HOBBS, NM 505/393-2727

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

UNIT 1, 1980' FSL & 660' FEL, SECTION 11, T25S, R26E

5. Lease Designation and Serial No.

NM-17574

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

FASKEN FEDERAL #1

9. API Well No.

30-015-21913

10. Field and Pool, or Exploratory Area

SW SULPHATE DELAWARE

11. County or Parish, State

EDDY COUNTY

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

TYPE OF SUBMISSION

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

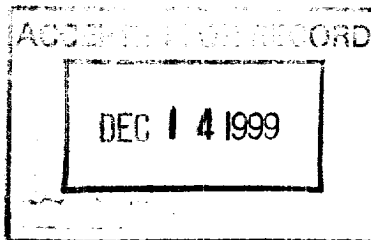
TYPE OF ACTION

- ☐ 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.)*

Surface Commingle Production off lease at White City 14-2 transferred due to hole in tank. Store Fasken Federal to White City 14.2 until tank repair or return to production as per phone conversation with Jim Amos 09/29/99.



RECEIVED
OCT 15 1999

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

Signed Kay Maxwell

Title AGENT

Date 10/08/99

(This space for Federal or State office use)

Approved by _____
Conditions of approval, if any:

Title _____

Date _____