

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLI
(Other Instructions
reverse side)

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

ASF

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.)

RECEIVED

1. WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

Srta Production Company

3. ADDRESS OF OPERATOR

68 Petroleum Building Roswell, NM 88201

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

4.0 FSL & FEL

5. PERMIT NO.

15. ELEVATIONS (Show whether DE, RT, GR, etc.)

GL 3839'

5. LEASE DESIGNATION AND SERIAL NO.

NM 30886-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Yeso Hills Federal

9. WELL NO.

#1

10. FIELD AND POOL, OR WILDCAT

Wildcat BS

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 18, T-26-S, R-25-E

12. COUNTY OR PARISH 13. STATE

Eddy

NM

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETION

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other)

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

1. 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.)*

A) Shut well in.

E) Leave 4000' of 2 3/8" tbg hanging in hole. Cover tbg at WH w/ bull plug & 5000# valve.

C) Temporarily abandon well for 12 months. Time will be used to learn more about Reservoir from offset wells to be drilled in the area.



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

SIGNED: Tanner M. [Signature]

TITLE: Vice President

DATE: July 11, 1990

(This space for Federal or State office use)

APPROVED BY: Orig. Sign

TITLE: INTERCOMMISSIONER

DATE: 8-7-90

CONDITIONS OF APPROVAL, IF ANY:

APPROVED FOR 12 MONTH PERIOD

DATE: 7/1/91

*See Instructions on Reverse Side