

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

PECOS RIVER OPERATING, INC.

3. Address and Telephone No.

P. O. BOX 1675, ROSWELL, NM 88202-1675

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

2192' FSL & 1651' FEL, SEC. 4, T-7-S, R-26-E

5. Lease Designation and Serial No.

NM 38342

6. If Indian, Allottee or Tribe Name

N/A

7. If Unit or CA, Agreement Designation

N/A

8. Well Name and No.

HELEN COLLINS FEDERAL 7

9. API Well No.

30-005-63180

10. Field and Pool, or Exploratory Area

PECOS SLOPE ABO (Gas)

11. County or Parish, State

CHAVES, NM

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 EXTENSION
☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

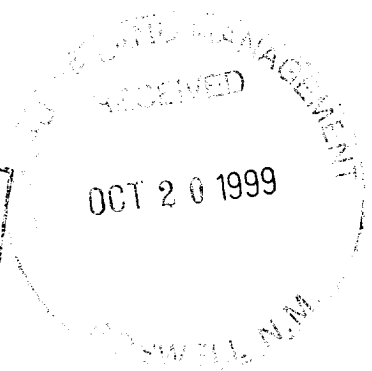
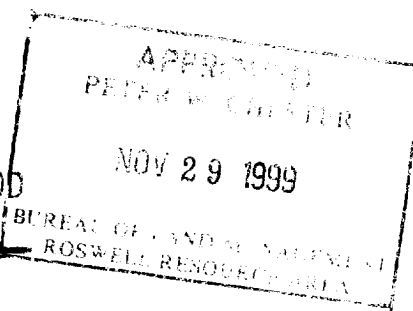
(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)*

REQUEST A ONE (1) YEAR EXTENSION ON THIS PROPOSED APPLICATION TO DRILL.



APPROVED FOR 12 MONTH PERIOD
ENDING OCT 20 2000



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

Signed

Title

AGENT

Date

10/20/99

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any: