OCD-Artesia CISP

HAITED STATES

FORM APPROVED

June 1990)	DEPARTME	Budget Bureau No. 1004-0135 Expires: March 31, 1993 5. Lease Designation and Serial No. NM 99040				
	BUREAU OF					
Do not u	se this form for proposals to dr	AND REPORTS ON WELLS ill or to deepen or reentry to a different reservoir. DR PERMIT-" for such proposals	6. If Indian, Allottee or Tribe Name			
	SUBMIT	IN TRIPLICATE	7. If Unit or CA, Agreement Designation			
1. Type of W Oil Wel 2. Name of C	II X Well Other		8. Well Name and No. RANGER '17' FEDERAL #2			
3. Address a	O RESOURCES INC. nd Telephone No. OUISIANA STE 410; MIDLAND TX-7;	9. API Well No. 30015-30273 10. Field and Pool, or Exploratory Area				
	of Well (Footage, Sec., T., R., M., or Survey De PL & 1980' FEL, SEC. 17, T-19S, R-31	LUSK WEST MORROW 11 County or Parish, State EDDY CO., NM				
12.	CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA					
	TYPE OF SUBMISSION	TYPE OF ACTION				
	Notice of Intent	Abandonment Recompletion	☐ Change of Plans ☐ New Construction			
	X Subsequent Report	Plugging Back Casing Repair	Non-Routine Fracturing ☐ Water Shut-Off			
	Final Abandonment Notice	☐ Altering Casing ☑ Other _ DRILLING EXTENSION	Conversion to Injection Dispose Water (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)			
directional DUE TO	ally drilled, give subsurface locations and meas OUR RECENT ACQUISITION OF TH	tate all pertinet details, and give pertinent dates, including estimated date of the control of	Completion or Recompletion Report and Log form.) of starting any proposed work. If well is york.)*			

epinoved for 12 Month Period Ending 5/20/2000



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14 I hereby certify that the to egylog consue and correct Sygned	Title	PRODUCTION ANALYST	Date	05/07/99
Approved by Conditions of approval, if any.	Title	Patroling Couplings	Date	6)21/99