

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

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

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.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR
Doyle E Baxter

3. ADDRESS OF OPERATOR
P.O. Box 27 Bloomfield, N.M. 87413

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface
*1980' FNL + 660' FEL
"H" Sec 33, 25N-5W*

14. PERMIT NO.

15. ELEVATIONS (Show whether DT, RT, UR, etc.)
6793 Gr.

5. LEASE DESIGNATION AND SERIAL NO.
Jicarilla Contract #3

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Jicarilla Apache Tr.

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

9. WELL NO.
Jicarilla "C" #27

10. FIELD AND POOL, OR WILDCAT
Otero Valley

11. S.W., T., R., M., OR S.W. AND SURVEY OR AREA
Sec 33 T25N-R5W

12. COUNTY OR PARISH
Rio Arriba

13. STATE
N.M.

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

NOTICE OF INTENTION TO:

TEST WELL SHUT-OFF ☐ PULL OR ALTER CASING ☐
FRACTURE TREAT ☐ REPAIR WELL ☐
SHOOT OR ACIDIZE ☐ ABANDON* ☐
REPAIR WELL (Other) ☐ CHANGE PLANE ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐ REPAIRING WELL ☐
FRACTURE TREATMENT ☐ ALTERING CASING ☐
SHOOTING OR ACIDIZING ☐ ABANDONMENT* ☒
(Other) *Re-entry*

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

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting and 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.)

6-H-93 rigging up swab unit, swabbing well to test
Tank (400 bbl.) on location, 3 to 4 times
a month, trying to get well to flow
on its own, Recovering 2-6 bbls of
slightly salty water with a tr. of 0:1
each time we swab. small amount of gas.
10-20 New shut in. waiting on pump jack
& motor.

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

SIGNED *Doyle E. Baxter* TITLE *OWNER* DATE *11-18-93*

(This space for Federal or State office use)
(Original Signed) HECTOR A. VILLALOBOS AREA MANAGER
APPROVED BY *RIO PUECO RESOURCES AREA* DATE *DEC 2 1993*

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side