

UNITED STATES N. M. OIL CONS. COMMISSION
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
HOBBS, NEW MEXICO 88240

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

5. LEASE DESIGNATION AND SERIAL NO.
FEDERAL-N.M.-0343765-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 TANK BATTERY

2. NAME OF OPERATOR
B+W Oil Company

3. ADDRESS OF OPERATOR
R-252 N. HALDEMAN Rd. Artesia New Mex 88210

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

NO 3-B 660 FNL 1980 FEL

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Federal 28

9. WELL NO.
#0-3

10. FIELD AND POOL, OR WILDCAT
Vest Ranch Queen Assoc

11. SEC., T., E., M., OR BLE. AND SURVEY OR AREA

12. COUNTY OR PARISH 13. STATE
Chaves New Mexico

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GK, etc.)

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANS

(Other) Request to use + vent gas

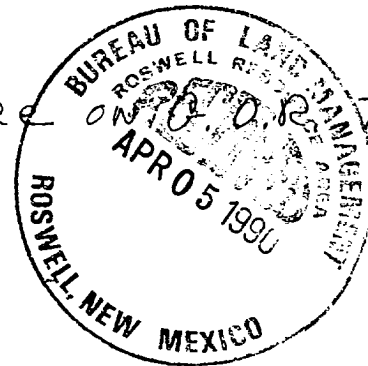
(Other)

(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 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 to use GAS from well NO 3 to operate vessel's AT BATTERY site, AND vent if any. (No gas venting at BATTERY.) APPROX 60 cu ft. per month. ^{usually}

(gas too small to measure on test AT well No 3.)



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

SIGNED Billy J. Smith

TITLE Operator-B+W

DATE 3-30-90

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE APPROVED
PETER W. CHESTER

APR 18 1990

*See Instructions on Reverse Side