

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
Artesia, NM 88210

NM Oils & Gas Division
(Other Instruction in re-
lease permit)

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 ☐	5. LEASE DESIGNATION AND SERIAL NO. NM 45221
2. NAME OF OPERATOR R. N. HINSWORTH	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR Box 7, Mesa, N.M. 88125	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 710' FNL - 1980 FWL	8. FARM OR LEASE NAME McKINLEY Fed.
14. PERMIT NO.	9. WELL NO. #2
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 41070' DF	10. FIELD AND POOL, OR WILDCAT HAYSTACK
16. ARTESIA, OFFICE	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 30-28-T6S-R27E
	12. COUNTY OR PARISH CHAVEZ
	13. STATE N.M.

18. 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 COMPLETE ☐
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.)

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.)*

4/10/87

RUN 1664 ft. of 4 1/2" X 10.5" CASING
WITH 12.0' Dvershot - Patch

PUMP down 25 SACKS CEMENT - Patch Complete

TEST CASING - 2900 PSI - 30 MIN.

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

SIGNED R. N. Hinsworth

TITLE owner

DATE 12-15-1988

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

ACCEPTED FOR RECORD PETER W. CHESTER DATE FEB 28 1989 BUREAU OF LAND MANAGEMENT BOSWELL RESOURCE AREA
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*See Instructions on Reverse Side