

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

Submit in triplicate  
to other instructions  
Drawn DD  
Artesia, NM 88210

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

CISF

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different hole.  
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. ☐ OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR  
Western Reserves Oil Company Inc. ✓

3. ADDRESS OF OPERATOR  
P.O. Box 993 Midland, TX 79702

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface  
1980' FSL & 660' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
4100' GR

AUG 02 '88

O. C. D.  
ARTESIA OFFICE

5. LEASE DESIGNATION AND SERIAL NO.  
NM-12438

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Bravo Federal

9. WELL NO.  
#1

10. FIELD AND POOL, OR WILDCAT  
PECOS SLOPE (Abo Gas)

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec 7-6S-25E

12. COUNTY OR PARISH  
Chaves

13. STATE  
NM

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.)\*

1. This well has been SI since drilled.
2. SI WOPL



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

SIGNED Debra K. Stanley TITLE Production Clk/Sec DATE 7/21/88  
(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

\*See Instructions on Reverse Side

