

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
NM Oil Cons. Commission
Artesia, NM 88210

LEASE DESIGNATION AND SERIAL NO.

NM-12557

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 ☐
2. NAME OF OPERATOR
Cibola Energy Corporation
3. ADDRESS OF OPERATOR
P.O. BOX 1668, Albuquerque, N.M. 87103
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface
1650' FNL & 330' FWL (Lot 2)
14. PERMIT NO.
15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3874.7 GL

UNIT AGREEMENT NAME

FARM OR LEASE NAME

Duncan Federal

WELL NO.

#4

FIELD AND POOL, OR WILDCAT

Wildcat

SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 18 T-9S, R-28E

COUNTY OR PARISH

Chaves

STATE

NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Spud Well

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)

The Duncan Federal #4 was spudded on March 13, 1991.

RECEIVED

MAR 15 4 01 PM '91

BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA

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

SIGNED Debra L. Gilkison

TITLE Production Clerk

DATE 3/14/91

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side