Form 3160-5
(November 1983)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM OIL CONS. COMMISSION
Drawer D

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

C/5F

SUNDRY NOTICES AND REPORTS ON WELLS
NM 49219

(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.)

5. LEASE DESIGNATION AND SERIAL NO.

NM 29279

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

1.
OIL WELL ☒   GAS WELL ☐   OTHER

2. NAME OF OPERATOR

Owen Haynes

3. ADDRESS OF OPERATOR

805 W. Missouri, Artesia, N.M.

RECEIVED BY

SEP 29 1986

O. C. D.
ARTESIA OFFICE

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Harbold

9. WELL NO.

5

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

350 F.S.L. and 1650 FEL

S 34 T 17 S R27E

10. FIELD AND POOL, OR WILDCAT

S. Redlake

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

S 34 T 17 S R27 E

14. PERMIT NO.

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

12. COUNTY OR PARISH   Eddy

13. STATE   N.M.

16. ### 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) _____	
(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.) *

We set 415' 7" OD 23# and circulated cement with 50 SX
When title work is completed, plan to treat with 1000 gal.
acid

ACCEPTED FOR RECORD

[signature]

SEP 26 1986

CARLSBAD, NEW MEXICO

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

SIGNED _____[signature]_____ TITLE   operator   DATE   4-4-84

(This space for Federal or State office use)

APPROVED BY _____   TITLE _____   DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the
United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.