

~~ROSWELL DISTRICT COPY~~

New Mexico Oil Conservation Division,  
1625 N. French Drive  
Albuquerque, NM 87106

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R142

5. LEASE DESIGNATION AND SERIAL NO.

NM 58537

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Irex Federal

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

Allison Penn

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

Sec. 20, T-8-S, R-37-E

12. COUNTY OR PARISH

Roosevelt

13. STATE

N.M.

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Petroleum Production Management, Inc.

3. ADDRESS OF OPERATOR

P.O. Box 957 Crossroads, New Mexico 88114

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

At surface

1980' FNL & 660' FEL

Unit-H  
30-041-00174

14. PERMIT NO.

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

4032.4'

16. 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 and 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 surface reclamation is complete and ready for inspection as requested by Mr. Marlin Pate, surface owner.

RECEIVED

AUG 07 2004

HOBBSDO



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

SIGNED

*Larry L. Cochran*

TITLE District Superintendent

DATE 5-4-92

(This space for Federal or State office use)

APPROVED BY

*IS/ Angel Mayes*

TITLE

Assistant Field Manager,  
Lands And Minerals

JUL 31 2009

CONDITIONS OF APPROVAL, IF ANY: