

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N. M. OIL GASES COMMISSION
P. O. BOX 1980

HOBBS, NEW MEXICO 88401

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: September 30, 1990

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

XERIC OIL & GAS COMPANY

3. Address and Telephone No.

P.O. BOX 51311, MIDLAND, TX. 79710, (915) 683-3171

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

2310' FSL & 1650' FWL, S29-T8S-R35E

5. Lease Designation and Serial No.

NM-0145685

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

HORTON FEDERAL #30

9. API Well No.

30-041-10130

10. Field and Pool, or Exploratory Area

MILNESAND (SA)

11. County or Parish, State

ROOSEVELT, NM.

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other
- ☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection

CASING INTEGRITY TEST

Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form 1

13. 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 directional, drilled give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.

A casing integrity test was performed on this well on February 8, 1994. Pressure dropped 240psi in 30 minutes. Test was deemed a failure. A copy of the chart is attached.

A cast iron bridge plug has been scheduled to be installed the week of 2-14-94, and the well retested. The BLM will be notified at least 48 hours in advance of test.

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

Signed [Signature]

OPERATIONS MANAGER

Date: 02/14/94

(This space for Federal or State office use)

Approved by _____
Conditions of approval, if any.

Title _____

Date: FEB 23 1994

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

*See Instruction on Reverse Side

