

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N. M. OIL GARD. COMMISSION
P. O. BOX 1080
HOBBS, NEW MEXICO 88240
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-0133
Expires August 31, 1985

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 ☐ <u>W/W</u>	5. LEASE DESIGNATION AND SERIAL NO. NM 0145685
2. NAME OF OPERATOR Fina Oil & Chemical Company	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 2990, Midland, TX 79702	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2310' FSL & 1650' FWL Unit K	8. FARM OR LEASE NAME Horton Federal
14. PERMIT NO.	9. WELL NO. 30
15. ELEVATIONS (Show whether DF, RT, GR, etc.) +4219' KDB, +4209' GR	10. FIELD AND POOL OR WILDCAT Milnesand-San Andres
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 29, T-8-S, R-35-E NMPM
	12. COUNTY OR PARISH Roosevelt
	13. STATE NM

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

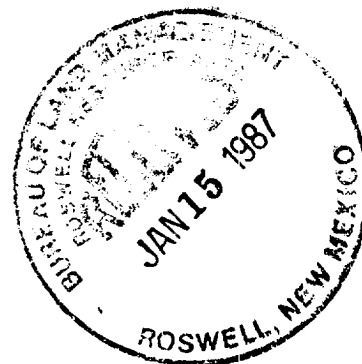
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	☐	WATER SHUT-OFF	☐
FRACTURE TREAT	☐	FRACTURE TREATMENT	☐
SHOOT OR ACIDIZE	☐	SHOOTING OR ACIDIZING	☐
REPAIR WELL	☐	(Other)	☐
PULL OR ALTER CASING	☐	REPAIRING WELL	☐
MULTIPLE COMPLETE	☐	ALTERING CASING	☐
ABANDON*	☐	ABANDONMENT*	☐
CHANGE PLANS	☐		

(Other) Temporarily Abandon

(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.)*

Leave well temporarily abandoned for an undetermined period of time to evaluate field for Tertiary Recovery and utilization of wellbore.



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

SIGNED [Signature]

TITLE Drilling Foreman

DATE 1/12/87

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED FOR 12 MONTH PERIOD
ENDING JAN 16 1988

*See Instructions on Reverse Side

APPROVED
PETER W. CHESTER

JAN 16 1987

BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA