

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
N. M. OIL AND GAS INDEMNITY
P. O. BOX 1980
HOBBS, NEW MEXICO 88240

Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM0558287

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal Morgan A Federal

9. WELL NO.

#1, #3

10. FIELD AND POOL, OR WILDCAT

Chaveroo San Anores

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

See # 17

12. COUNTY OR PARISH

13. STATE

Roosevelt

N.M.

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

Mims Texas Oil & Gas Co.

3. ADDRESS OF OPERATOR

Box 13, Milnesand, N.M. 88125

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

See # 17

14. PERMIT NO.

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

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) Temporary 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.)*

This notice is a correction of 7-31-89.

The following wells are temporary abandon (TA):

#1 27SESW T 7S R 33E

#3 27SESE T 7S R 33E

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

SIGNED Orville L. Luman TITLE Agent

DATE 8-30-89

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

APPROVED FOR 12 MONTH PERIOD
ENDING SEP 6 1990
*See Instructions on Reverse Side

DATE	APPROVED
	PETER W. CHESTER
	SEP 6 1989
	BUREAU OF LAND MANAGEMENT
	ROSWELL RESOURCE AREA