

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
N. M. Oil, Gas, and Geothermal Commission  
PROCESSED IN TRIPLICATE  
HOBBS, NEW MEXICO 88401

Budget Bureau No. 1004-0135  
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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Mims Texas Oil & Gas Co.	8. FARM OR LEASE NAME Federal Morgan A Federal
3. ADDRESS OF OPERATOR Box 13, Milnesand, N.M. 88125	9. WELL NO. #1 #3
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  See # 17	10. FIELD AND POOL, OR WILDCAT Cnoveroo San Anores
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, OR, etc.)
12. COUNTY OR PARISH roosevelt	13. STATE N.M.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input checked="" type="checkbox"/> 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 J. Lewis

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