

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
HOBBS, NEW MEXICO 88400

Expires August 31, 1985
5. LEASE DESIGNATION AND SERIAL NO.
NM0550287
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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.)

7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Federal Morgan & Federal
9. WELL NO.
#1, #2, #3, #4, #5
10. FIELD AND POOL, OR WILDCAT
Chaveroo San Andres
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
See # 17
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 ☐ 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) Started production ☒
(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 now producing:

#1 26SWNW T 7S R 33E

#2 26SENW T 7S R 33E

#3 26SWNE T 7S R 33E

#4 26NWNW T 7S R 33E

#5 26NENW T 7S R 33E

18. I hereby certify that the foregoing is true and correct
SIGNED Robert J. Luman TITLE Agent DATE 8-30-89
(This space for Federal or State office use)
APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

