

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
HOBBS, NEW MEXICO 88240

Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

Nr01000997-B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal 23

9. WELL NO.

#9

10. FIELD AND POOL, OR WILDCAT

Chaveroo San Andres

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

SEE # 17 23-7-33

12. COUNTY OR PARISH
Roosevelt

13. STATE
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

1980/N + 660/E

14. PERMIT NO.

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

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Temporary abandon

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

XX

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 a notice of temporary abandonment of well:

#9 SENE23 T 7S R 33E

4 1/2 C1BP Set at. 4004'

4 1/2 C1BP Set at 3350'

30' Sand poured on top.

We are intending yo use this in our plans for water flo

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

SIGNED

Gabrie L. Luman

TITLE

Agent

DATE 9-26-89

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED FOR - MONTH PERIOD
ENDING NOV 3 1990

*See Instructions on Reverse Side

APPROVED
DATE PETER W. CHESTER

NOV 3 1989

BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA

