

UNITED STATES N. M. OIL CONS. COMMISSION  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
HOBBS, NEW MEXICO 88240

Budget Budget Not 1004-0100  
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"/>	5. LEASE DESIGNATION AND SERIAL NO. NM-0108997-B
2. NAME OF OPERATOR Mims Texas Oil & Gas Co.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR Box 13 Milnesand, New Mexico 88125	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 1980/N + 660/E SENE of Section 23-T 7S R 33E	8. FARM OR LEASE NAME Federal 23
14. PERMIT NO.	9. WELL NO. #9
15. ELEVATIONS (Show whether DF, RT, GR, etc.)	10. FIELD AND POOL, OR WILDCAT Cnavoroo San Andres
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
	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:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON\*

SHOOTING OR ACIDIZING

ABANDONMENT\*

REPAIR WELL

CHANGE PLANS

(Other) went to temporary abandon

(Other)

(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.)\*

Set bridge plug and test casing; if casing good keep T.A. for future water flood. If casing bad repair or plug.

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

SIGNED

*Julius L. Luman*

TITLE Agent

DATE 7-27-89

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED  
DATE PETER W. CHESTER

AUG 14 1989

\*See Instructions on Reverse Side

BUREAU OF LAND MANAGEMENT  
ROSWELL RESOURCE AREA