

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

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 C Federal
3. ADDRESS OF OPERATOR Box 13, Milnesand, N.M. 88125		9. WELL NO. #1, #2
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 Chaveroo San Andres
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA See # 17
15. ELEVATIONS (Show whether DF, RT, GR, 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:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Started production	(Other) <input checked="" type="checkbox"/>

(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 22NWSE T 7S R 33E

#2 22NESE T 7S R 33E



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

SIGNED Peter W. Chester

TITLE Agent

DATE 8-30-89

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

ACCEPTED FOR RECORD
PETER W. CHESTER
DATE _____

SEP 6 1989

BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA

*See Instructions on Reverse Side

SEP 7 1999
OCD
HOBBS OFFICE