

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
P.O. BOX 60240
HOBBES, NEW MEXICO 88420

Budget Bureau No. 1004-0135

Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM0408232

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
Carr Well Service, Inc.

3. ADDRESS OF OPERATOR
Box 6427, Odessa, Texas 79767-6427

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

1980/8 + 660/E

14. PERMIT NO.

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

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
U.S.A.

9. WELL NO.
1

10. FIELD AND POOL, OR WILDCAT
Bluitt San Anders Assoc.

11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA
1-1980' from S. line 660'

from E line Sec 7-T-S 8S-38E

12. COUNTY OR PARISH 13. STATE

Roosevelt 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)

XX

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.) *

CIBP @ 4700' w/35' Cmt.
100' @ 2350 - 2250
100' @ Stub - Where ever
100' @ 400' Tag
70' @ Surface

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

SIGNED P. W. Chester

TITLE Agent

DATE 12-2-86

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED
PETER W. CHESTER

DEC 8 1986

*See Instructions on Reverse Side