

Form 3160-5
(July 1989)
(Formerly 9-331)

N. M. OIL CONS. COMMISSION
P.O. BOX 1980
HOBBS, NEW MEXICO 88240
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING
OFFICE NUMBER

BLM Roswell District
Modified Form No.
NMXO-3160-4

5. LEASE DESIGNATION AND SERIAL NO.
04385
NM-03844

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 ☒ Injection 30-005-00888
2. NAME OF OPERATOR Circle Ridge Production, Inc. 3a. Area Code & Phone No. 505-393-2727

3. ADDRESS OF OPERATOR c/o Oil Reports & Gas Services, P.O. Box 755, Hobbs, NM 88241

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

1980' FSL & 660' FEL of Section 27

Unit I

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
4424 DF

7. UNIT AGREEMENT NAME
Rock Queen Unit Sec 27

8. FARM OR LEASE NAME

9. WELL NO.

9

10. FIELD AND POOL, OR WILDCAT

Caprock Queen

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

Sec 27 T13S R31E

12. COUNTY OR PARISH 13. STATE
Chaves NM

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) Convert to Injection ☒

REPAIRING WELL ☐

ALTERING CASING ☐

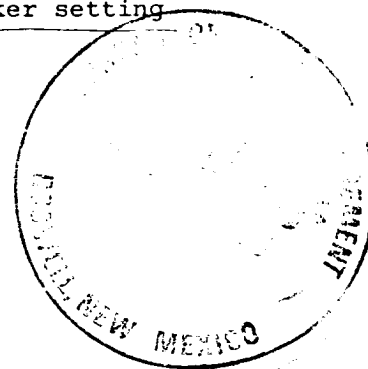
ABANDONMENT* ☐

(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.)*

Amended:

Converted to water injection 7/20/90 as per OCD Order R-9361 and reported on 3160-5 dated 7/30/90. Filed to amend packer setting depth from 2700' to 2990'.



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

SIGNED Monna Hall

TITLE Agent

DATE 12/12/90

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

RECORDED
DATE DEC 12 1990
PETER W. CHESTER

DEC 12 1990

*See Instructions on Reverse Side