

# N. M. OIL CONSERVATION COMMISSION

P. O. BOX 1980

HOBBS, NEW MEXICO 88240

CONTACT FIVE  
OFFICE NUMBER  
OF COPIES REQUIRED  
(Other instructions on reverse side)

RRM Roswell District

Modified Form No.

NMXO-3160-4

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

## UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

### 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"/>                       |  | 30-005-00891                                   |  | 5. LEASE DESIGNATION AND SERIAL NO.              | NM-02509 |
| 2. NAME OF OPERATOR                                                                                                                    |  | 3a. Area Code & Phone No.                      |  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME             |          |
| Circle Ridge Production, Inc.                                                                                                          |  | 505-393-2727                                   |  |                                                  |          |
| 3. ADDRESS OF OPERATOR                                                                                                                 |  |                                                |  | 7. UNIT AGREEMENT NAME                           |          |
| c/o Oil Reports & Gas Services, Box 755, Hobbs, NM 88241                                                                               |  |                                                |  | 8. FARM OR LEASE NAME                            |          |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.<br>See also space 17 below.)<br>At surface |  |                                                |  | Rock Queen Unit Sec. 27                          |          |
|                                                                                                                                        |  |                                                |  | 9. WELL NO.                                      |          |
|                                                                                                                                        |  |                                                |  | 3                                                |          |
|                                                                                                                                        |  |                                                |  | 10. FIELD AND POOL, OR WILDCAT                   |          |
|                                                                                                                                        |  |                                                |  | Caprock Queen                                    |          |
|                                                                                                                                        |  |                                                |  | 11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA |          |
|                                                                                                                                        |  |                                                |  | Sec. 27, T13S, R31E                              |          |
| 14. PERMIT NO.                                                                                                                         |  | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) |  | 12. COUNTY OR PARISH                             |          |
|                                                                                                                                        |  |                                                |  | Chaves                                           |          |
|                                                                                                                                        |  |                                                |  | 13. STATE                                        |          |
|                                                                                                                                        |  |                                                |  | 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 PLANT

#### SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) OCD Inspection

REPAIRING WELL

ALTERING CASING

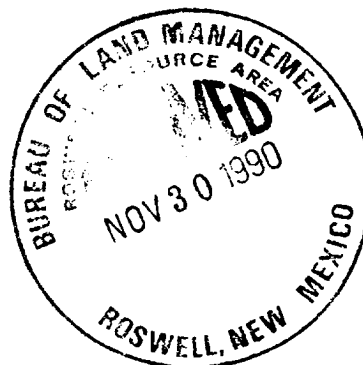
ABANDONMENT\*

X

(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.)

11/16/90 Dug out cellar. Oil Conservation Division representative inspected risers. Inspection O.K.



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

SIGNED

*Donna Walker*

TITLE

Agent

DATE

11/27/90

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

ACCEPTED FOR RECORD  
PETER W. CHESTER  
DATE

DEC 7 1990

BUREAU OF LAND MANAGEMENT  
ROSWELL, NEW MEXICO

\*See Instructions on Reverse Side