

N. M. OIL CONS. COMMISSION
UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT LIVING
OFFICE NUMBER

OF COPIES REQUIRED
(Other instructions on reverse side)

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

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 Circle Ridge Production, Inc.	3a. Area Code & Phone No. 505-393-2727	5. LEASE DESIGNATION AND SERIAL NO. NM-03927
3. ADDRESS OF OPERATOR c/o Oil Reports & Gas Services, 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 Sec. 33		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
14. PERMIT NO.	15. ELEVATIONS (Show whether OF, RT, GR, etc.) 4240 DF	7. UNIT AGREEMENT NAME	8. FARM OR LEASE NAME Drickey Queen Sand Unit Tract 13
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		9. WELL NO. 5	10. FIELD AND POOL, OR WILDCAT Caprock Queen
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 33, T13S, R31E	12. COUNTY OR PARISH Chaves
		13. STATE NM	

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF
FRACTURE TREAT
SHOOT OR ACIDIZE
REPAIR WELL
(Other)

PULL OR ALTER CASING
MULTIPLE COMPLETION
ABANDON*
CHANGE PLANS

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 cones pertinent to this work.)

11/21/90 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 Hoke TITLE Agent

DATE 11/27/90

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD
PETER S. CHESTER
DATE

DEC 7 1990

*See Instructions on Reverse Side