

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
PERMIT IN TRIPLICATE
BOX 1980
NM 88240
COMMISSION

Budget Bulletin No. 1004-1
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 ☐ GAS ☐ OTHER ☒ Injection Well
2. NAME OF OPERATOR Circle Ridge Production Inc. 30-005-00895
3. ADDRESS OF OPERATOR P.O. Box 755 Hobbs, NM 88240
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below)
At surface
1980' FSL & 1980' FEL of Sec. 33
14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)

5. LEASE DESIGNATION AND SERIAL NM-03927
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME Drickey
Queen Sand Unit Tr. 13
9. WELL NO. 6
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

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANS ☐	(Other) ☒ Temporarily Abandoned	

(Other) ☐
(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.)*

Request that subject well be placed in a temporarily abandoned status effective 2/1/90. Last injection November 1983.

RECEIVED
Mar 12 8 50 AM '90
BUREAU OF LAND MANAGEMENT
ROSSELL RESOURCE AREA

18. I hereby certify that the foregoing is true and correct
SIGNED Dennis Walker TITLE Agent DATE 3/6/90
(This space for Federal or State office use)

APPROVED BY Send results of NMCO casing test TITLE
CONDITIONS OF APPROVAL, IF ANY:
APPROVED FOR 12 MONTH PERIOD
ENDING MAR 20 1991
*See Instructions on Reverse Side

APPROVED
PETER W. CHESTER
MAR 20 1990
BUREAU OF LAND MANAGEMENT
ROSSELL RESOURCE AREA

RECEIVED
MAR 23 1990
OCD
HOBBS OFFICE