

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

N. M. OIL CONSV. COMMISSION
P.O. BOX 1980
HOBBBS NEW MEXICO 88240
UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RRM Roswell District
Modified Form No.
NMCO-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. LC-068474	
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 664.75' FNL & 1980' FNL of Sec. 3		6. IF INDIAN, ALLOTTEE OR TRIBE NAME		7. UNIT AGREEMENT NAME	
14. PERMIT NO.		15. ELEVATIONS (Show whether DT, RT, GR, etc.) 4429 DF		8. FARM OR LEASE NAME Drickey Queen Sand Unit Tract 6		9. WELL NO. 18	
10. FIELD AND POOL, OR WILDCAT Caprock Queen		11. SEC., T., R., M., OR BLK. AND SU., T OR AREA Sec. 3, T14S, R31E		12. COUNTY OR PARISH Chaves		13. STATE NM	

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 PLANE ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐
FRACTURE TREATMENT ☐
SHOOTING OR ACIDIZING ☐
(Other) ☒ OCD Inspection

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.)

11/20/90 Dug out cellar. Oil Conservation Division representative inspected risers. Inspection O.K.



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

SIGNED M. W. Hall

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 RESOURCE AREA

*See Instructions on Reverse Side