Form 3160-5
(November 1983)
(Formerly 9-331)

UNITED STATES
DEPARTME OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N. M. OIL CONS. COMMISSION
P. O. BOX 1980
HOBBS, NEW MEXICO 88240

Budget Bureau No. 1004-
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.: LC-068474

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 Well

7. UNIT AGREEMENT NAME:

2. NAME OF OPERATOR: Circle Ridge Production Inc.

8. FARM OR LEASE NAME: Drickey Queen Sand Unit Tr.6

3. ADDRESS OF OPERATOR: P.O. Box 755 Hobbs, NM 88240

9. WELL NO.: 24

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: 664.75' FNL & 660' FWL of Sec. 3

10. FIELD AND POOL, OR WILDCAT: Caprock Queen

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: Sec. 3, T14S, 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:				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 1988.

RECEIVED
MAR 12 8 53 AM '90
BUREAU OF LAND MGT
ROSWELL RESOURCE AREA

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

SIGNED Donna Dallas TITLE Agent DATE 3/6/90

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE APPROVED
PETER W. CHESTER
MAR 20 1990
BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA

CONDITIONS OF APPROVAL, IF ANY:
Send results of MMOCD casing test.

APPROVED FOR 12 MONTH PERIOD
ENDING MAR 20 1991

*See Instructions on Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

NB