

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
PERMIT BOX 1930
HOBBS, NEW MEXICO 88240

SUBMIT IN TRIPLICATE
N. M. CH. COMM. COMMISS

Form approved
Budget Category No. 1044
Expires August 31, 1988
5. LEASE DESIGNATION AND SERIAL
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 30-EC5-61026

2. NAME OF OPERATOR
Circle Ridge Production Inc.

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

660' FNL & 1980' FNL of Sec. 10

14. PERMIT NO.

15. ELEVATIONS (Show whether DE, RT, CR, etc.)

7. UNIT AGREEMENT NAME

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

9. WELL NO.

5

10. FIELD AND POOL OR WILDCAT

Caprock Queen

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 10, T14S, R31E

12. COUNTY OR PARISH 13. STATE

Chaves

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 COMPLETION

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Temporarily Abandoned

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 perti-
nent to this work.)

Request that subject well be placed in a temporarily abandoned
status effective 2/1/90. Last injection August 1987.

RECEIVED
MAR 12 8 52 AM '90
BUREAU OF LAND MGMT
ROSWELL RESOURCE
AREA

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

SIGNED

Dorinda Walker

TITLE

Agent

DATE

3/6/90

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED FOR 12 MONTH PERIOD
ENDING MAY 20 1991

*See Instructions on Reverse Side

DATE APPROVED

PETER W. CHESTER

MAR 20 1990

BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA

RECEIVED
MAR 23 1990
OCD
HOBBS OFFICE