

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
N. M. OIL CONS. COMMISSION
P. O. BOX 1830
ALBUQUERQUE, NEW MEXICO 88240

Budget Bureau No. 1004-0135
Expires August 31, 1985
5. LEASE DESIGNATION AND SERIAL NO.

NM-03120
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 ☐
2. NAME OF OPERATOR
General Operating Company
3. ADDRESS OF OPERATOR
c/o Oil Reports & Gas Services, Inc., 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 2310' FSL & 2310' FWL of Section 17

7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
West Cap
Queen Sand Unit Tract 8
9. WELL NO.
1
10. FIELD AND POOL, OR WILDCAT
Caprock Queen
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 17, T14S, R31E
12. COUNTY OR PARISH
Chaves
13. STATE
NM

14. PERMIT NO.
15. ELEVATIONS (Show whether DF, RT, GR, etc.)
4088

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

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

PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
ABANDON* ☐
CHANGE PLANS ☐

WATER SHUT-OFF ☐
FRACTURE TREATMENT ☐
SHOOTING OR ACIDIZING ☐
(Other) Temporary Abandonment

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.)

Permission is hereby requested to retain the subject well as temporary abandoned. As part of a waterflood project future use could be required in the event of a change in injection pattern.



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

SIGNED Donna Holmes

TITLE Agent

DATE 10/28/85

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED FOR 12 MONTH PERIOD
ENDING 3/10/87
See Instructions on Reverse Side

APPROVED
PETER W. CHESTER
MAR 10 1986

RECEIVED
MAR 11 1986
C.C.D.
HOBBS OFFICE