

UNITED STATES N. M. OIL CONS. COMMISSION
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
HOBBS, NEW MEXICO 88240

Form approved
Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO

NM-03210

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 30-005-01095

2. NAME OF OPERATOR

Circle Ridge Production, Inc.

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

660' FSL & 1982' FWL of Sec 17

Unit 7

14. PERMIT NO

15. ELEVATIONS (Show whether DF, RT, OR, etc.)

4103

7. UNIT AGREEMENT NAME

West Cap Queen Sand Unit

8. FARM OR LEASE NAME

Tract 4

9. WELL NO.

Tract 4 #4

10. FIELD AND POOL, OR WILDCAT

Caprock Queen

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

Sec. 17, 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 COMPLETE

ABANDON*

CHANGE PLANE

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Temporary Abandonment

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

X

(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 data, 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 on a temporarily abandoned status 1/1/90. Last water injected August 1986.



30-005-01095

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

SIGNED

Merrill Baker

TITLE

Agent

DATE 1/23/90

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED FOR 12 MONTH PERIOD

ENDING

MAR 15 1991

*See Instructions on Reverse Side

DATE

MAR 15 1990

Send results of NMOC casing test