

UNITED STATES N. M. OIL & GAS DIVISION
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
HOBBS, NEW MEXICO 88240

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

SUNDRY NOTICES AND REPORTS ON WELLS

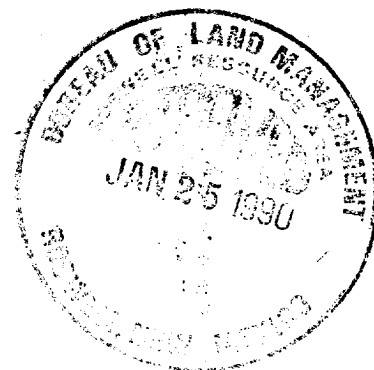
Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.

1. OIL WELL ☐ GAS WELL ☐ OTHER ☒ Injection Well 30-005-01096	5. LEASE DESIGNATION AND SERIAL NO NM-03210
2. NAME OF OPERATOR Circle Ridge Production, Inc.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR c/o Oil Reports & Gas Services Inc. Box 755 Hobbs, NM 88241	7. UNIT AGREEMENT NAME West Cap Queen Sand Unit
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below) At surface 660' FNL & 1979' FEL of Sec. 17	8. FARM OR LEASE NAME Tract 4
14. PERMIT NO unit B	9. WELL NO. Tract 4 #5
15. ELEVATIONS (Show whether OF, BT, OR, etc.) 4099	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

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) Temporary Abandonment	
(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 on a temporarily abandoned status 1/1/90. Last water injected August 1979.



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

SIGNED Henne Baker TITLE Agent DATE 1/23/90
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

Send results of NMOCID casing test

APPROVED FOR 12 MONTH PERIOD
ENDING MAR 15 1991
See Instructions on Reverse Side

APPROVED
DATE _____
MAR 15 1990

RECEIVED

MAR 19 1990

OOD
HOBBS OFFICE