Fern, 3160-5 (November 1983) (Formerly 9-331	

U. M. OIL CONS. COMMISSION TE DEPARTM IT OF THE INTHOUSE NEW MEXICO 88240

Budget Barena 5 Expires Admiss 11, 1958

evin approved.

5 LEASE DESIGNATION AND BESIAL LC-060821-A 6 IF INDIAN, ALLOTTEE OR TRIBE NAME

sundry notice:	S 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.)

WELL X WELL OTREE

30-005-01120

Circle Ridge Production, Inc. 3. ADDRESS OF OPERATOR

c/o Oil Reports & Gas Services, Inc. Box 755, Hobbs, NM 88241

LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below;

At surface

West Cap Queen Sand Unit S KINT NO

8. FARM OR LEASE NAME

7. UNIT AGREEMENT NAME

See Below 10. FIELD AND POOL OR WILDCAT

Caprock Queen 11. SEC., T., E., M., OR BLE. AND SURVEY OR AREA

Sec. 21, T14S, R31E
12 COUNTY OF PARISH 13. STATE

See Below

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

SUBSEQUENT REPORT OF:

Chavez

16.

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

NUTICE OF INTENTION TO:

PULL OR ALTER CASING

MULTIPLE COMPLETE ABANDON!

CHANGE PLANS

WATER SHUT-OFF

FRACTURE TREATMENT SHOOTING OR ACIDIZING

REPAIRING WELL ALTERING CASING

REPAIR WELL

TEST WATER BHIT OFF

PRACTI BE TREAT

SHOOT OF ACIDIZE

Test Casing

XX

Note Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17 DESCRIBE PROPERTY Scale Processes to the ETE OPERATIONS (Clearly State all performed deleas and give perfinent dates, including estimated date of starting any proposed work of well is directionally drilled, give subsurface located and measured and true vertical depths for all markers and gones performed to this work.

> Permission is hereby requested to schedule a casing test on the following wells on the dates shown:

600' FSL & 1980' FEL of Sec. 21 May 7, 1990 Tr. 11 #3 2310' FSL & 990' FEL of Sec. 21 June 4, 1990

16. I hereby certify that the foregoing is true and correct SIGNED Winne TITLE Agent 3/5/90 DATE (This space for Federal or State office use) APPROVED BY TITLE ____ DATE _ CONDITIONS OF APPROVAL, IF ANY: MAR 1 5 1990 *See Instructions on Reverse Side

124 REAL OF CAND MANAGEMENT

Title 18 U.S.C. Section 1991, makes it a crime for any person knowmally and willfully to make to any department or agency of the United States on, to the Actions of fraudolous statements of representations as to buy a site of the Action of the Actions of the Action of

RECEIVED

MAR 1 6 1990 OCD HOBBS OFFICE

F ' 117		0.2 00000 0000	
	TED STATES	SCBMIT IN PLICATE BOX (1998) Instructions on re Or years side)	Budget Bureau No. 1004 Expires August 31, 1985
E DEPARTMENT	HUR	OR veries alde)	5. LEASE DESIGNATION AND SERIAL N
BUREAU OF	LAND MANAGEMEN	35, NEW MEXICO 88240	LC-060821-A
CHAIDDY MOTICES	AND DEDODES (251 34/51 1 6	6 IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES			
er this form for proposals to Use "APPLICATION	FOR PERMIT-" for such p	ack to a different reservoir. oposais.)	+
;	· · · · · · · · · · · · · · · · · · ·		7. UNIT AGREEMENT NAME
X WELL OTHER			
2 SALL OPERATOR			8. FARM OR LEASE NAME
	_		
Circle <u>Ridge Production.</u>	inc		West Cap Queen Sand Uni
		- 22	y. Wall No. Tr. //
c/o Oil Reports & Gas Serv	vices, Inc., Box	755, Hobbs, NM 8824	
Space 17 below.)	ind in accordance with any	State requirements.	10. FIELD AND POOL, OR WILDCAT
V - 31.4			Caprock Oueen
2310" FSL &	990' FEL of Sect	ion 21	11. SBC., T., B., M., OR BLE. AND SURVEY OR AREA
· 1 			
Unit L			Sec. 31, T14S, R31E
15 E	LEVATIONS (Show whether of,	HT, GR, etc.)	12. COUNTY OR PARISH 13. STATE
	4270		Chaves NM
CL -1 A	D_ T J	(1)	
Cneck Appropri	are box to indicate N	ature of Notice, Report, or (Other Data
NOTICE OF INTENTION TO):	#UB#EQ	UENT ESPORT OF:
PULL OR	ALTER CASING	WATER SHUT-OFF	
	E COMPLETE	FRACTURE TREATMENT	BEPAIRING WELL
A ACIDIZE ABANDON		SECOTING OR ACIDIZING	ALTERING CASING
CHANGE	j		ABANDONMENT*
	-	(Other) <u>Temporary</u> (Note: Report results	of multiple completion on Well letion Report and Log form.)
COSED OR COMPLETED OPERATIONS	tClearly state all partiages	Completion or Recomp	letion Report and Log form.) Including estimated date of starting any all depths for all markers and zones perti
paccern. Lasc	production April	19/1.	
		Commence of the control of the contr	JAN 23
		Commence of the second	JAN 23
1: ··· certify that the foregoing is true and	d correct	Same	JAN 53
Live certify that the foregoing is true and		rent	July 2 of the state of the stat
Louna Holles			Contract Registre
Live certify that the foregoing is true and the land the			DATE 1/22/90
Louna Holles	TITLEAç		July 1 20 400
Likning Holles	TITLE	rent	DATE 1/22/90
Si eric Lollo House Hollo Alternation BY	TITLEAç		DATE 1/22/90 APPROVED
Si eric Lollo House Hollo Alternation BY	TITLE AC	MONTH PERIOD	DATE 1/22/90 PETER W. CHESTER
Si erie Lollo House Hollo elle eriace for Pederal or State office use) Alti ested BY	TITLE AS TITLE APPROVED FOR CA ENDING MAR	MONTH PERIOD 15 1991	DATE 1/22/90 APPROVED
Si erie Lollo House Hollo elle eriace for Pederal or State office use) Alti ested BY	TITLE AC	MONTH PERIOD 15 1991 n Reverse Side	DATE 1/22/90 APPROVED PETER W. CHESTER MAR 1 5 1990
AFF WARD BY CONTINUOUS OF APPROVAL, IF ANY: TRESULTY OF COLUMN Chedia Coll (4/90)	TITLEAS TITLEAS APPROVED FOR CA ENDINGMAR *See Instructions of	MONTH PERIOD 15 1991 n Reverse Side	APPROVED PETER W. CHESTER MAR 1 5 1990 REAU OF LAND MANAGEMENT
Although BY	TITLEAG TITLEAG APPROVED FOR CA ENDINGMAR *See Instructions of	MONTH PERIOD 15 1991 In Reverse Side	DATE 1/22/90 APPROVED PETER W. CHESTER MAR 1 5 1990

 $\begin{array}{c} T_{11,1},\\ U_{r_{1},1},\end{array}$

bmit 5 Copies propriate District Office Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT II P.O. Drawer DD, Antesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I		TO TRAN	ISPORT OIL	L AND NA	TURAL GA	AS			
Operator	- A						API No.		
Circle Ridge Produ	ction, 1	nc.		· · · · · · · · · · · · · · · · · · ·		30	-005-01	120	
c/o Oil Reports &	Gas Serv	ices, I	nc., Box 7	755, Hobb	os, NM 88	3241			
Reason(s) for Filing (Check proper box)			Oth	et (Please expl	ain)			
New Well			ransporter of:	77.		0 /2 /40			
Recompletion	Oil		Ory Gas	Ei	fective	9/1/89			
Change in Operator	Casinghea	d Gas C	Condensate	***					
If change of operator give name and address of previous operator									
II. DESCRIPTION OF WEL	L AND LEA	ASE							
Lease Name West Cap Quee	n	Well No. P	ool Name, Includ	ing Formation			of Lease	_	ease No.
Sand Unit Tract	11	3	Caprock C	<u>Queen</u>		S.E.E.	Federal entre	LC-C	60821-A
Location Unit LetterI	. 23	<u>10 </u>	eet From The	South Lin	e and <u>990</u>	Fe	et From The	East	Line
Section 21 Town	ship 14S	R	tange 31E	, NI	мрм, Çh	aves			County
THE DESIGNATION OF THE	Nanonan	D OF OH	4 D.T.D. D.J.4 (777)						
III. DESIGNATION OF TRA Name of Authorized Transporter of Oil		or Condensa			e address to wh	ich approved	conv of this f	orm is to be su	ent)
Phillips Petroleum	LA. I			1	nbrook,				,
Name of Authorized Transporter of Car			r Dry Gas		e address to wh				ent)
	1			1		,			
If well produces oil or liquids, give location of tanks.	Unit P		wp. Rge. 14S 31E	Is gas actuall	y connected?	When	?		
If this production is commingled with th IV. COMPLETION DATA	at from any oth	er lease or po	ol, give comming	ling order numl	ber:				
Designate Type of Completion	n - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded		ol. Ready to P	rod.	Total Depth		<u> </u>	P.B.T.D.		
		,					1.5.1.5.		
Elevations (DF, RKB, RT, GR, etc.)	Name of P	roducing Forn	nation	Top Oil/Gas	Pay		Tubing Dept	h	
Perforations							Depth Casin	g Shoe	
	T	UBING, C	ASING AND	CEMENTI	NG RECOR	D		/	
HOLE SIZE		SING & TUB			DEPTH SET		S	ACKS CEM	ENT
			,						
V. TEST DATA AND REQU	EST FOR A	LLOWAE	BLE	1					
OIL WELL (Test must be after				be equal to or	exceed top allo	wable for thi	s depth or be f	or full 24 hou	rs.)
Date First New Oil Run To Tank	Date of Tes	st.		Producing Me	ethod (Flow, pu	mp, gas lift, e	rtc.)		
Length of Test	Tubing Pre	ssure		Casing Pressu	ire		Choke Size		
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.			Gas- MCF		
Actual Flots During Test	Oil - Bois.			Water Bois					
GAS WELL									
Actual Prod. Test - MCF/D	Length of	l'est		Bbls. Conden	sate/MMCF		Gravity of C	ondensate	
Testing Method (pitot, back pr.)	Tubing Pre	ssure (Shut-in)	Casing Pressu	re (Shut-in)		Choke Size		
VI. OPERATOR CERTIFI	CATE OF	СОМРІ	IANCE						
l hereby certify that the rules and res					DIL CON	ISERV	_		
Division have been complied with an	nd that the infor	mation given					AHR 1	7 1989	3
is true and complete to the best of m	y knowledge ar	a belief.		Date	Approve	d	VOO 1	. 1000	
1 ./). / ĵ	11.				-				
Signature / Jones	ec.			By_		ORIGINA	LSIGNED	Y JERRY	EXTON
Donna Holler		Age				DI	STRICT I SU	JPERVISOR	
Printed Name 8/15/89		т -393–505	iide -2727	Title					*
		, -, , , , , , , , , , , , , , , , , ,	~!~!	11					·w**.

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

Q, Hobbs, NM \$8240

State of New Mexico Energy, Minerals and Natural Resources Department

FUTH Eilts Revised Liling See Instructions

OIL CONSERVATION DIVISION DISTRICT H. P.O. Denmer DD, Antonia, NM \$1210

P.O. Box 2088

DISTRICT RI 1000 Rio Busios Rd., Aziec, NM 87410

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

L		TO TRA	NSPORT O	L AND NA	TURAL G				
Openior Circle Ridge Produc	tion. In	c.					API No. -005-011:	20	
c/o Oil Reports & G			nc. Box 7	55. Hobb	s. NM 883				
Reson(c) for Filing (Check proper box New Well Recompletion	Oil	Change in	Transporter of: Dry Gas		her (Please expl	ain)	ve 7/1/8	9	
Change in Operator L	Casinghea	4 Gas	Condonante				···		
Change of questor give name ad address of provious operator			•						
Loss Name West Cap Quee Sand Unit Tract 1			Pool Name, Inclu	_			of Lease Federal emilia		200 No.
Acetics	<u> </u>		Caproc	k Queen				120 00	
Unit LetterI	:23	10	Feet Prom The	South Li	e and99	00 F	set From The	East	Line
Section 21 Towns	thip 14 S		Range 31 E	,N	мрм,	Chaves			County
IL DESIGNATION OF TRA	NSPORTE	R OF OI	I. AND NATI	IRAL GAS					
Name of Authorized Transporter of Oil	X	or Conden		Address (Gi	ve address to wi				ens)
Navajo Refining Comp			or Dry Gas		Box 159				eni)
				`					
f well produces oil or liquids, we location of tanks.	Unit P	Sec.	Twp. Rgs 14S 31E	is gas actual	y connected?	When	7		
this production is commissed with the	at from any other			ling order num	ber:				
V. COMPLETION DATA		Oil Well	Gas Weil	New Well	Workover	Doepen	Plug Back	Same Res'v	Diff Res'v
Designate Type of Completio		i	i	İ.	1	<u>i</u>			
tas Spadded	Date Compl	l. Ready to	Prod.	Total Depth			P.B.T.D.		
levations (DF, REB, RT, GR, etc.)	Name of Pro	oducing For	metios	Top Oil/Gas	Pay		Tubing Dept	h	
un constant		····		<u> </u>			Depth Casing	g Shoe	
		UPING A	CASING AND	CEMENTI	NC PECOPI	<u> </u>			
HOLE SIZE			BING SIZE	CEMENTI	DEPTH SET		s	ACKS CEM	ENT
							<u> </u>		
. TEST DATA AND REQUE	ST FOR A	LLOWA	RLE						
IL WELL (Test must be after								or full 24 hou	rs.)
nie Plast New Oil Run To Tank	Date of Test			Producing M	sthod (Flow, pu	mp, gas lift, e	<i>(c.)</i>		
night of Test	Tubing Pres	eure		Casing Press	ure		Choke Size		
chael Prod. During Test	Oil - Bhis.			Water - Bbls.			Gas- MCF		
as well			<u> </u>	TRUE A	A A 1/A		Course -/ C	anden sale	
cted Frod. Test - MCF/D	Length of To	est		Bbls. Conden	ELE/MMCF		Gravity of Co	MOCHENE	
sting Method (piece, back pr.)	Tubing Press	sure (Shut-s	n)	Casing Press.	re (Shut-in)		Choke Size		
L OPERATOR CERTIFIC					OIL CON	SERVA	TION F	NVISIO	N
I havely certify that the rules and regu Division have been complied with and is true and complete to the best of my	that the inform	nation given					JUN 2		
				Date	Approved	J	J J 11 19		
Istonna Call	B.			Ву_	ORIG	INAL SIGN	ISD BY JER	RY SEXTO	N
Donna Holler			gent Fale				I SUPERV		
6/20/89		505-39	93-2727	Title.	#M.P.C.				24
Date		Leseby	oos No.	H					

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.

 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

 4) Separate Form C-104 must be filled for each post in multiply completed walls.

RECEUVED

JUN 21 1989 OCD HOBBS OFFICE

Observation (1983) Character (1983) Character (1983) DEPARTMENT OF THE INTERIBUTE OF LAND MANAGEMENT	N. M. Cit. Co. J. Gamais. R. O. BOX 1980 Clore of HOBBS, NEW MEXICO	Expires August 31, 1985 5. LEARE DEBIGNATION AND BERIAL NO. 38240C-060821-A
DEPARTMENT OF THE INTERINGES, NEW MEXICO 8824QC-0608 SUNDRY NOTICES AND REPORTS ON WELLS The not use the form for people to drill or in depend or plug back to a different reservoir. Well S WELL OTHER Circle Ridge Production, Inc. Anomass or organizo Circle Ridge Production, Inc. Anomass or organizo Coro 011 Reports & Gas Services, Inc., Box 755, Hobbs, NM 88241 At surface 2310" FSL & 990" FEL of Section 21 TEST WATER SHUT-OFF PRACTIVE THEAT SHOW TO INTERIOR TO Chaves Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTERIOR TO THAT WATER SHUT-OFF PRACTIVE THEAT SHOW TO ALTER COMPLETE CHANGE PLANT CHARGE OF INTERIOR TO THAT WATER SHUT-OFF PRACTIVE THEAT SHOWT OR ACIDIZE CHARGE PLANT CHARGE SHOULD BE ADDITION OF ALTER CHARGE CHARGE PLANT CHARGE PLANT CHARGE SHOULD BE ADDITION OF ALTER CHARGE CHARGE PLANT CHARGE SHOULD BE CHARGE PLANT C		6 IF INDIAN, ALLOTTEE OR TRIBE NAME
OIL GAS OTHER		7. UNIT AGREEMENT NAME
Circle Ridge Production. Inc.		8. FARM OR LEAST NAME West Cap Queen Sand Unit Tr. //
c/o Oil Reports & Gas Services, Inc., Box 755 1. LOCATION OF WELL (Report location clearly and in accordance with any S See also space 17 below.) At surface	itate requirements.*	Caprock Queen 11. EBC., T., B., M., OR BLE. AND BURNEY OR AREA 12. WALL NO.
•	RT, GR, etc.)	Sec. 21, T14S, R31E 12. COUNTY OR PARISH 13. STATE Chaves NM
FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other) 7. DENCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly State all pertinent of proposed work. If well is directionally drilled, give subsurface location nent to this work.) Permission is hereby requested to temporary abandoned. As part of use could be required in the even	PRACTURE TREATMENT SHOOTING OR ACIDIZING (Other) Temporary (Notz: Report result Completion or Recounderalis, and give pertinent dates and measured and true vertical actions and measured and true vertical actions are subjected as waterflood projections.	ts of multiple completion on Well pletion Report and Log form.) s, including estimated date of starting any coal depths for all markers and zones perti-
MAR 26 S 40 AT 188 BUNES SHEET NESSURCE AREA		
I hereby certify that the foregoing is true and correct		

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

APPROVED FORD MONTH PERSON

ENDING

See Instructions on Reverse Side

APPROVED LAND MANAGEMENT

BUREAU OF LAND MANAGEMENT

ROSWELL RESOURCE AREA

STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

. ** 1 ** *** *** ***		
DISTRIBUTION	-	7
IANTA FE	†-	-
FILE	 	┿
U. 6. Q. 4.	 	
LAND OFFICE	1-	
TRANSPORTER OIL	-	
GAO	_	
OPERATOR	_	\vdash
PRORATION OFFICE		

OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

REQUEST FOR ALLOWABLE AND

PAGRATION OFFICE	AND	. C	_		
I. AUTHORIZATION TO TRA	AND NSPORT OU AN	1D 111 711			
Operator	HOP OR I OIL AN	IU NA IU	RAL GAS		
Circle Ridge Froduction, Inc.					
7441488					
C/o Oil Reports & Gas Services, Inc., Box Resson(s) for filing (Check proper bos)	755. Hobbs	NM gg	211		
Resion(s) for liling (Check proper box) New Well	1000	00	241		
Change in Transporter of:	Joine	er (Please			
Change in Ownership	Dry Gas .	Effe	ctive 3/1	9/88	
Casinghead Gas	Condensate				
If change of ownership give name and address of previous owner General Operating Compa	any. Box 755	5. Hobi	ha NM dd	213	
II. DESCRIPTION OF WELL AND LEASE		<u> </u>	001 144 00	241	
Lease Name West Cap Queen Well No. Pool Name, Including				LC-060821-A	1
			Kind of Lease		Legge F
Location 3 Caprock Quee	e n		State, Federal	or Fee Federal	Above
Unit Letter_ I : 2310 Saus at South					111000
Unit Letter I : 2310 Feet From The South L	ine and990		Feet From Ti	East	
Line of Section 21 Township 14 S Range	31 E				
		, МИРМ,	Chaves		Count
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURA	L GAS			_	
Texas-New rexico Pipeline Company	Andress (Give a	ddress to	which approve	d copy of this form is t	
MORA Of Authorites T	1 to O o DOX a	くつくり。 .	HODDS, NA	L 88270	
of Dty Gas	Address (Cive a	ddress 10	which approve	copy of this form is t	O he sens
If well produces oil or liquids, Unit Sec. Twp. Ros.	_L				· vi semij
give locution of tanks. P 17 148 31E	is gas actually c	connected	When		
	No		l	_	
this production is commingled with that from any other lease or pool,	give commingling	g order n	umberi		
OTE: Complete Parts IV and V on reverse side if necessary.			***************************************		
I. CERTIFICATE OF COMPLIANCE	11				
		DIL CON	VSERVATIO	N DIVISION	
hereby certify that the rules and regulations of the Oil Conservation Division have	APPROVED.		MAR	2 4 1988	
on complied with and that the information given is true and complete to the best of a knowledge and belief.	PROVED.				19
	9Y		rig. Signed	b y	
	TITLE		Paul Kaut: Geologist	Z	
10, 1) 11	1				
Wound July	This form	le to be	filed in com	pliance with MULE	1104
(Signature) Agent	well, this form	e request	for allowabl	e for a newly drilled the by a tabulation of ce with MULE 111.	
3/23/88 (Tille)	All section able on new an	ne of this	form must b	e fulled out complete	ly for allow
(Date)	Fill out on well name or nu	nly Secti amber, or	one I, II, III transporter o	, and VI for change rother such change	s of owner
	Separate F completed wells	Forms C.	104 must be	filed for each pool	or condition

Form 3160-5 (November 1983) (Formerly 9-331)	UN' D STATES N. I PARTMEN. OF THE INTER BUREAU OF LAND MANAGEME	M. OIL COUR CONMISSION RIGHT IN TRIP? TE RIGHT TO TRIP? TE	5. LEASE DESIGNATION LC-060821-A	31, 1985 AND SERIAL NO
	NOTICES AND REPORTS for proposals to drill or to deepen or plug "APPLICATION FOR PERMIT—" for such		6. IF INDIAN, ALLOTTEE	OR TRIBE NAME
OIL X GAS WELL X	OTHER		7. UNIT AGREEMENT NA	ME
2. NAME OF OPERATOR			8. FARM OR LEASE NAM	West Con
General Operatin	g Company		Queen Sand Un	nit Tract 11
c/o Oil Reports 4. LOCATION OF WELL (Report See also space 17 below.) At surface	& Gas Services, Inc., Box location clearly and in accordance with an	755, Hobbs, NM 88241 y State requirements.	3 10. FIELD AND POOL, OR	WILDCAT
	& 990' FEL of Section 21		Caprock Queer 11. SEC., T., E., M., OR BI SURVEY OR AREA	
14. PERMIT NO.	15. ELEVATIONS (Show whether i	DF, RT, GR, etc.)	Sec. 21, T149	3, R31E
	4270		Chaves	NM
16. C	heck Appropriate Box To Indicate	Nature of Notice Report or C		
	OF INTENTION TO:	1	UENT REPORT OF:	
TEST WATER SHUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING W	ELL
FRACTUBE TREAT SHOOT OR ACIDIZE	MULTIPLE COMPLETE ABANDON®	FRACTURE TREATMENT	ALTERING CAS	{ -
REPAIR WELL	CHANGE PLANS	Other) Temporary	Abandonment	r•
(Other)	LETED OPERATIONS (Clearly state all pertine is directionally drilled give subsurface loc	(Norm: Report results Completion or Recomp	of multiple completion of letion Report and Log form	n Well
temp use	mission is hereby requested porary abandoned. As part could be required in the cern.	of a waterflood proje	ect future	GENENT 185
SIGNED SIGNED	TITLE A	gent	DATE 10/28	/85
(This space for Federal or	State office use)		ADDROV	VED I
CONDITIONS OF APPROV	AL, IF ANY: APPROVED FOR /2	MONTH	PETER W. C	HESTER
	ENDING 3/10	MONTH PERICO	MAR 10	1986
	*See Instruction	s on Reverse Side		LANACEMENT

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

MAR 1986

m 9-331 ay 1963)	UNI' O STATES EPARTMEN'I OF THE INTER	SUBMIT IN TRIPLI (Other instructions verse side)	re- Budget Bur 5. LEASE DESIGNATION	eau No. 42-R1424.
	GEOLOGICAL SURVEY		IC 060821-A	
CLIVIDA		ON WELLC	6. IF INDIAN, ALLOTT	EE OR TRIBE NAME
(Do not one this form	Y NOTICES AND REPORTS for proposals to drill or to deepen or plug	hack to a different reservoir		- #
Use	"APPLICATION FOR PERMIT—" for such	proposals.)		: ,
OIL GAS			7. UNIT AGREEMENT I	1AME
WELL WELL	OTHER		8. FARM OR LEASE N	LME
NAME OF OPERATOR General Operation	og Company		West Cap. Q	usen Sand (99
ADDRESS OF OPERATOR	2		9. WELL NO.	······
_	& Gas Services, Inc., Box	763, Hobbs, N. M.	88240 3	2
LOCATION OF WELL (Report	t location clearly and in accordance with an	y State requirements.*	10. FIELD AND POOL,	OR WILDCAT
See also space 17 below.) At surface 2310	o' PSL & 990' Pal of Secti	on 21	Caprock Que	ett.
-/			11. SEC., T., R., M., OF SURVET OR ARE	BEK. AND
			Dec. 21, T1	AR DATE
	(Gh.,, ,, h, 4h, ,,		12. COUNTY OR PARIS	
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*See Instructions on Reverse Side

Instructions

ered and regional form is form is form is designed for a proposal to perform certain well operations, and reports of such operations when completed, as indicated, on Federal and regulations, and it approved or accepted by any State, on all lands in such State, pursuant to applicable State law and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and process, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for appeals instructions.

Item 17: Proposals to abandon a well are subsequent reports of abandonment should include such special information as is required by local Federal and/or State offices. In addition, such proposals and reports should nelted reasons for the abandonment; data on any former or present productive zones, or other zones with present significant fluid contents not scaled off-by cement of the proposals and reports; depths (top and bottom) and method of placement of cement plugs; mud or other material placed below, between and above plugs; amount, size, method of parting of any cashing fulled and the depth to top of any left in the hole; method of closing top of well; and date well site conditioned for final inspection booking to approval of the abandonment.

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Perm C-104

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