

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
F.O. BOX 1980  
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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM NM 82050X	
2. NAME OF OPERATOR Kelt O. Gas, Corp.		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR P.O. Box 1493, Roswell, N.M. 88202		8. FARM OR LEASE NAME API # 30-005-10572	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface A - 660/N & 660/E		9. WELL NO. C.S.A.U. # 81	
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT Cato San Andres	
15. ELEVATIONS (Show whether DF, RT, GR, etc.)		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 14-T&S-R30E NE/NE	
		12. COUNTY OR PARISH Chaves	
		13. STATE N.M.	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

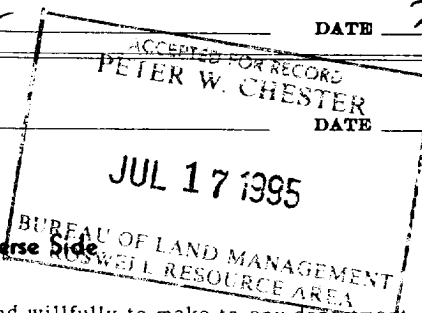
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

6-7-95 Ran Packer + TBG. Tested TBG. Held OK.  
Loaded + Test CSg. To 580# Held OK.  
Resumed Injection

Chart Included

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

SIGNED <u>Billy Walker</u>	TITLE <u>Pumper</u>	DATE <u>7-3-95</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

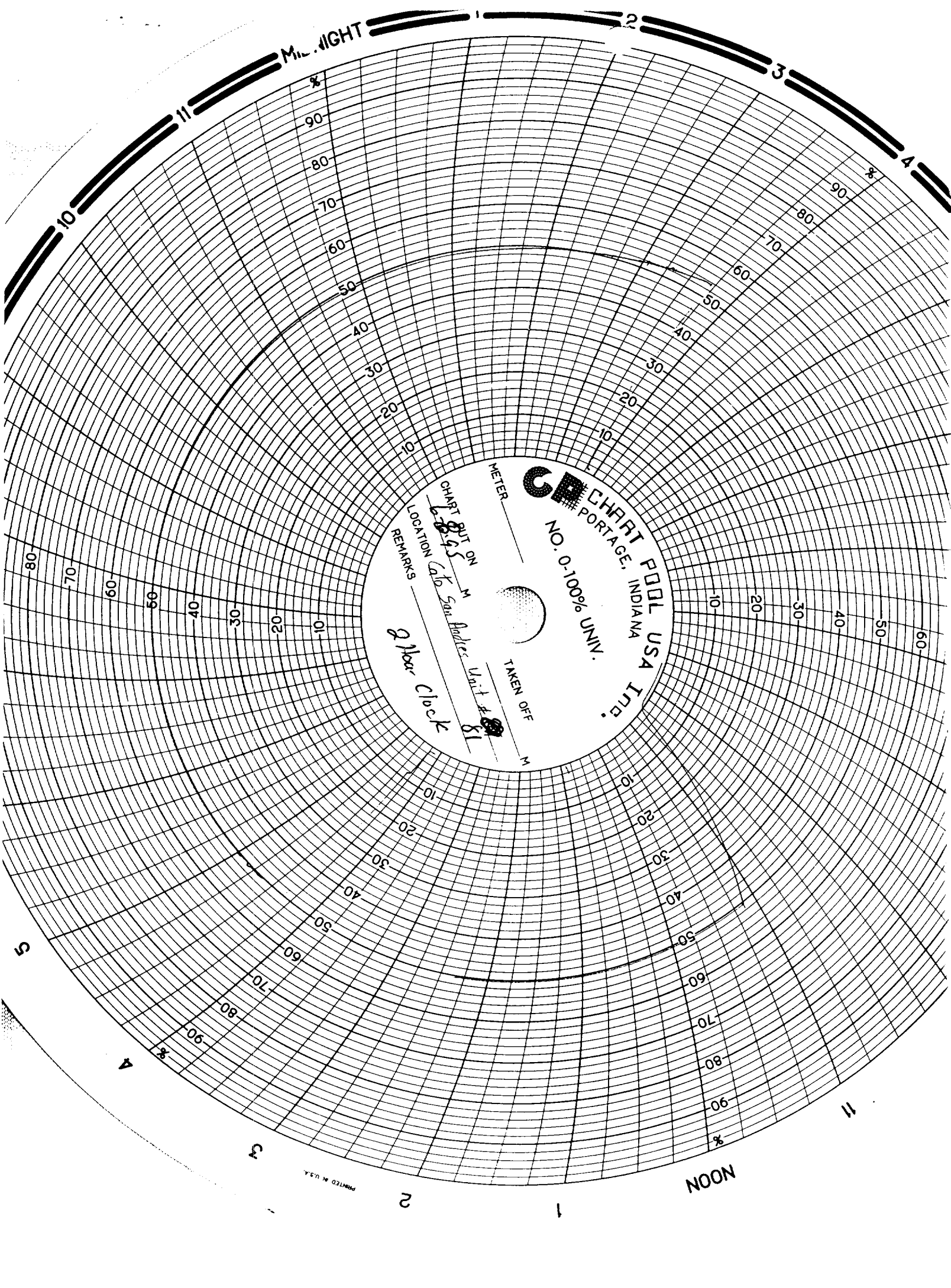


\*See Instructions on Reverse Side

**RECEIVED**

JUL 1 6 1995

JCD HOBBS  
OFFICE



**CHART PPOOL USA INC.**  
PORTAGE, INDIANA  
NO. 0-100% UNIV.

CHART PUT ON  
LOCATION *Cap San Andres Unit # 81*

REMARKS *glass clock*

METER  
TAKEN OFF

PRINTED IN U.S.A.

**RECEIVED**

JUL 13 1995

WCD HOBBS  
OFFICE