

UNITED STATES NM Oil, Cons. Commissioner
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT Artesia, NM 88210

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 well or to rework a well.
Use "APPLICATION FOR PERMIT" for such proposals.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR
Kelt Oil & Gas, Inc.

3. ADDRESS OF OPERATOR
P.O. Box 1493, Roswell, NM 88202

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface
Baxter Federal #1 SE/4 NW/4 17-8S-30E F 1980/v+u
" " #2 SW/4 SE/4 8-8S-30E
Crosby "A" Federal #1 and #2 E/2 SE/4 8-8S-30E

14. PERMIT NO.

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

5. LEASE DESIGNATION AND SERIAL NO.
NM-0142233

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Baxter & Crosby "A" Fed

9. WELL NO.
(See item #4)

10. FIELD AND POOL, OR WILDCAT
Cato-San Andres

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 8&17 T8S-R30E,

12. COUNTY OR PARISH
Chaves

13. STATE
NM

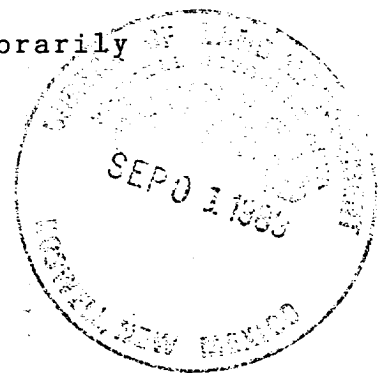
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

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"/>
(Other) Temporarily Abandon <input checked="" 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.)*

The above captioned wells were shut in by previous operator Apollo Energy. These wells are marginal producers and can only be proven economic if they are part of the proposed Cato Unit which is currently under advisement with the Oil Conservation Division.

Kelt Oil & Gas, Inc. requests to place well in temporarily abandoned status.



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

SIGNED Mark A. Degeant TITLE Petroleum Engineer DATE 8-30-89

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

APPROVED FOR 12 MONTH PERIOD
ENDING SEP 7 1990

*See Instructions on Reverse Side

APPROVED
PETER W. CHESTER
SEP 6 1989
BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA