

UNITED STATES N. M. SOIL CONSERVATION COMMISSION  
DEPARTMENT OF THE INTERIOR (Other Instructions)  
BUREAU OF LAND MANAGEMENT P.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"/>	JUL 11 2 00 PM '95	5. LEASE DESIGNATION AND SERIAL NO.	NM NM 82050 X
2. NAME OF OPERATOR		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface		8. FARM OR LEASE NAME	API # 30-005-20067
		9. WELL NO.	CSAU #16
		10. FIELD AND POOL, OR WILDCAT	CATO SA+ Andres
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA	
		12. COUNTY OR PARISH	Sec 9-T8S-R30E NE/NE
		13. STATE	Chaves N.M.
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)		

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON\*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

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.)\*

6-595 Pulled Packer + TBG. - Found 2 Holes in TBG.  
Replaced Bad TBG, Ran Re Built Packer +  
TBG. Leachle Tested CS To 500'. Held OK.  
Resumed Injection.

Chart Included.

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

SIGNED

*Billy Walker*

TITLE

*Pumper*

DATE

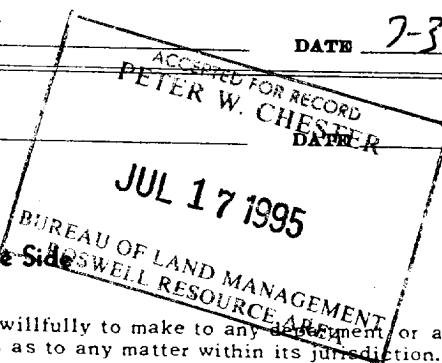
*7-3-95*

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:



\*See Instructions on Reverse Side

NOON

PRINTED IN

7

6 AM

8

9

10

11

2

CHARTI POOL USA INC.  
PORTAGE, INDIANA

NO. 0-100% UNIV.

METER

TAKEN OFF

CHART PUT ON

LOCATION

REMARKS

6-5-9 M

NO San Angeles Unit #16

2 Hour Clock

MIDNIGHT

2

3

4

5

6 AM

7

8

9

10

11

2

NOON