

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Co. Lease
P.O. Box 1030
Hobbs, NM 88241

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

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

SUBMIT IN TRIPLICATE

1. Type of Well
☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator
SECONDARY OIL CORPORATION

3. Address and Telephone No.
P.O. Box 1623, Ruidoso, New Mexico 88345

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
E Section 23, Township 8S, Range 30E
1980' North 660' West

5. Lease Designation and Serial No.
NM 0177517
6. If Indian, Allottee or Tribe Name
7. If Unit or CA, Agreement Designation
NMNM82050X
8. Well Name and No.
Cato San Andres Unit #134
9. API Well No.
30-005-20096
10. Field and Pool, or Exploratory Area
Cato San Andres
11. County or Parish, State
Chaves

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other extension

- ☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

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

13. 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 an extension of 90 days in order to put this well back on production.
We plan to produce this well by our SWAB PRODUCTION METHOD, as soon as possible.

APPROVED FOR 3 MONTH PERIOD
ENDING 10/2/97

APPROVED
PETER W. CHESTER
JUL 2 1997
BUREAU OF LAND MANAGEMENT
ROS WELL RESOURCE AREA

BUREAU OF LAND MGMT.
ROS WELL OFFICE

RECEIVED
1997 JUN 27 A 10:51

14. I hereby certify that the foregoing is true and correct
Signed Karol Rennels Title Karol Rennels, Agent Date 6/24/97
(This space for Federal or State office use)
Approved by _____ Title _____ Date _____
Conditions of approval, if any: