

orm 3160-5  
June 1990)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division  
P.O. Box 1930  
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)  
F Section 23, Township 8S, Range 30E  
1980' North 1980' West

5. Lease Designation and Serial No.  
NM - C 177517

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation  
NMNM82050S

8. Well Name and No.  
Cato San Andres Unit #133

9. API Well No.  
30-005-20125

10. Field and Pool, or Exploratory Area  
Cato San Andres

11. County or Parish, State  
Chaves

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

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other extension
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

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

3. 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  
ROSWELL RESOURCE AREA

RECEIVED  
1991 JUN 27 A 10:50  
BUREAU OF LAND MGMT.  
ROSWELL OFFICE

4. 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: