

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
P.O. BOX 1930
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 checked="" type="checkbox"/> Water Disposal Well	7. UNIT AGREEMENT NO. <u>Cato San Andres Unit</u>
2. NAME OF OPERATOR Kelt Oil & Gas, Inc.	8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR P. O. Box 1493, Roswell, NM 88202	9. WELL NO. 172
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <u>1980/N + 660/W</u> SWNW Sec. 33 T8S-R30E <u>Unit E</u>	10. FIELD AND POOL, OR WILDCAT Cato-San Andres
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 33-8S-30E, N.M.P.M.	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) <u>Reclassif. from Inj. to Wtr. Disp. Well</u> <input checked="" type="checkbox"/>	
(Other) <input type="checkbox"/>			

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

Pursuant to the provisions of Oil Conservation Division Order R-9029, subject well is reclassified from a water injection well to a water disposal well.



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

SIGNED <u>Mark A. Degeant</u>	TITLE <u>Petroleum Engineer</u>	DATE <u>5-9-90</u>
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(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

ACCEPTED FOR RECORD
DATE PETER W. CHESTER

MAY 24 1990

BUREAU OF LAND MANAGEMENT
ROS WELL RESOURCE AREA