

orm 3160-S
June 1990)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division
P.O. Box 1980
Hobbs, NM 88241

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

5. Lease Designation and Serial No.

NM - 022636

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

NMNM82050X

8. Well Name and No.

Cato San Andres Unit # 151

9. API Well No.

30-005-20282

10. Field and Pool, or Exploratory Area

Cato San Andres

11. County or Parish, State

Chaves

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)

H Section 27, Township 8S, Range 30E
1980' North 660' East

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 returned to production

☐ Change of Plans

☐ New Construction

☐ Non-Routine Fracturing

☐ Water Shut-Off

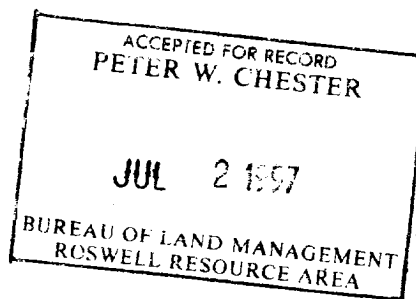
☐ Conversion to Injection

☐ 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.)

Well returned to production on May 20, 1997. Produced 2 BBL by using the
SWAB PRODUCTION METHOD, currently in effect.



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1997 JUN 27 A 10:54
BUREAU OF LAND MGMT.
ROSWELL OFFICE

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)

Date

Approved by

Conditions of approval, if any:

Title