

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
N. M. OIL CONS. COMMISS
P.O. BOX 1980
HOBBS, NEW MEXICO 88240

Form approved.
Budget Bureau No. 1004-4135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.
FEDERAL-N.M. 0343765-A
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 ☐ GAS WELL ☐ OTHER ☒ TANK BATTERY
2. NAME OF OPERATOR B+W Oil Company
3. ADDRESS OF OPERATOR R-252 N. Haldeman Rd. Artesia, New Mex 88210
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface
NO 1-G 1980 FNL 1980 FEL

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

FEDERAL - 28

9. WELL NO.

NO - 1

10. FIELD AND POOL, OR WILDCAT

Vest RANCH QUEEN-ASSOC

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

SW-NE Sec 28-14S-30E

12. COUNTY OR PARISH 13. STATE

CHAVES New Mexico

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, CK, 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 COMPLETION

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*

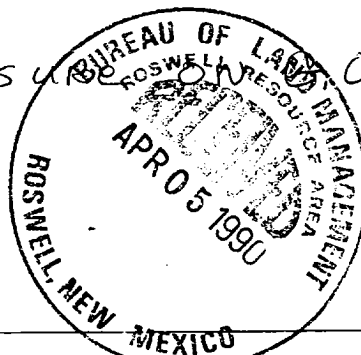
(Other) Request to use & vent GAS

(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.)

Request for APPROVAL To use GAS from well No 1
To operate vessels AT BATTERY site, AND VENT
if ANY. APPROX 60 cu ft. per month,
(usually)
(No GAS venting)

(gas too small to measure on O.R. test.)
(AT well NO 1.)



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

SIGNED

Billy J. Smith

TITLE

Operator - B+W

DATE

3-30-90

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

DATE PETER W. CHESTER

APR 18 1990

*See Instructions on Reverse Side

BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA