

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM-046153-A	
2. NAME OF OPERATOR Haseloff Corporation Managed by Lynx Petroleum Cons.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 1666, Hobbs, NM 88241		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit Letter M, 660' FSL & 660' FWL		8. FARM OR LEASE NAME Miller Federal	
14. PERMIT NO.		9. WELL NO. 6	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4294' GL		10. FIELD AND POOL, OR WILDCAT Tom-Tom San Andres	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 34, T-7S, R-31E	
		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:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>
(Other) Temporarily Abandon <input checked="" type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	

(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.)\*

The well is uneconomical to produce.

Downhole status:

CIBP @ 3800'.

Hole loaded with packer fluid.

RECEIVED

MAR 22 1 52 PM '88

BUREAU OF LAND MGT  
ROSWELL RESOURCE  
AREA

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

SIGNED M. W. White

TITLE President

DATE 3/21/88

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

APPROVED FOR 12 MONTH PERIOD  
ENDING MAR 21 1989

APPROVED  
TITLE PETER W. CHESTER

MAR 29 1988

\*See Instructions on Reverse Side  
BUREAU OF LAND MANAGEMENT  
ROSWELL RESOURCE AREA

ACCEPTED FOR RECORD  
PETER W. CHESTER  
DATE

MAR 29 1988

BUREAU OF LAND MANAGEMENT  
ROSWELL RESOURCE AREA