

UNITED STATES N. M. OIL & GAS COMMISSION
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
ALBUQUERQUE, NEW MEXICO 88240

6. LEASE DESIGNATION AND SERIAL NO.
NM-046153-A

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 ☐
2. NAME OF OPERATOR Western Reserves Oil Company
3. ADDRESS OF OPERATOR P.O. Box 993 Midland, TX 79702
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FSL & 1980' FWL
14. PERMIT NO.
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4350.1' GR

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME Western Reserves "34" Fed
9. WELL NO. 6
10. FIELD AND POOL, OR WILDCAT Tom-Tom (San Andres)
11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA Sec 34-7S-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	☐	PULL OR ALTER CASING	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐
REPAIR WELL	☐	CHANGE PLANE	☐
(Other)	☐		☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	☐	REPAIRING WELL	☐
FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOTING OR ACIDIZING	☐	ABANDONMENT*	☐
(Other) Temporarily Abandon	☐		☐

(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.)

- Well is currently producing at high water cut and low oil cut.
- Operator requests the approval to temporarily abandon this well until remedial work can be done at a later date - approximately 18 months.

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

SIGNED _____ TITLE Production Clerk/Sec DATE 1/6/87

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED FOR 12 MONTH PERIOD
ENDING JAN 16 1988

*See Instructions on Reverse Side

APPROVED
PETER W. CHESTER

JAN 16 1987

BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA