

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
HOBBS, NEW MEXICO 88240

2. 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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Western Reserves Oil Company	8. FARM OR LEASE NAME Western Reserves "34" Fed
3. ADDRESS OF OPERATOR P.O. Box 993 Midland, TX 79702	9. WELL NO. 7
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FSL & 660' FWL FSL & 660' FWL	10. FIELD AND POOL, OR WILDCAT Tom-Tom (San Andres)
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 34-7S-31E.
14. PERMIT NO.	12. COUNTY OR PARISH Chaves
15. ELEVATIONS (Show whether DF, RT, CR, etc.) 4305 GR	13. STATE NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON*

CHANGE PLANE

SUBSEQUENT REPORT OF:

WATER SHUT-OFF.

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Temporarily Abandon

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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 Clk/Sec

DATE 1/6/87

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED FOR 12 MONTH PERIOD
ENDING JAN 16 1988

*See Instructions on Reverse Side

APPROVED
DATE
PETER W. CHESTER

JAN 16 1987

BUREAU OF LAND MANAGEMENT
ROSOWELL RESOURCE AREA

RECEIVED
JAN 21 1987
OCD
HOBBS OFFICE