

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

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM-046153-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Miller Federal 33

9. WELL NO.

4

10. FIELD AND POOL, OR WILDCAT

Tom-Tom (San Andres)

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

Sec. 33, T7S, R31E

12. COUNTY OR PARISH

Chaves

13. STATE

New Mexico

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

American Exploration Company

3. ADDRESS OF OPERATOR

2100 RepublicBank Center, Houston, Texas 77002

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

990' FEL & 990' FSL of Section 33, T7S, R31E, Chaves Co.,
New Mexico

14. PERMIT NO.

Unknown

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

4292 GR

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) X*

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANE ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) ☐

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.)*

* American requests approval for temporary abandonment for Well No. 4 which has expired. The request is based on the uneconomical production status of the well and it has been determined that the well be shutin until such time as energy market conditions improve.

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

SIGNED

Marty B. McClanahan

TITLE

Production Dept.

DATE 12/29/88

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED FOR 12 MONTH PERIOD
ENDING MAR 22 1990

*See Instructions on Reverse Side

DATE

APPROVED

PETER W. CHESTER

MAR 22 1989

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