

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
N.M. OR CON. COMMISSION
P.O. BOX 1980
HOBBS, NEW MEXICO 88240

BUDGET ESTIMATING 1004-1-1
Expires August 31, 1985
5. LEASE DESIGNATION AND SERIAL

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
Homer J. Kyle
3. ADDRESS OF OPERATOR
PO Box 387, Lovington, NM 88260
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below)
At surface
SWSE Sec 24, T7S, R32E
14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
29-0392502
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Federal "A"
9. WELL NO.
1
10. FIELD AND POOL OR WILDCAT
Chaveroo San Andres
11. SEC., T., S., M., OR BLS. AND
SURVEY OR AREA
S24, T7S, R32E
12. COUNTY OR PARISH
Roosevelt
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 PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other)

(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 to remove well from temporary abandonment status and repair downhole problems, put well back in production.
To start operations within thirty (30) days.

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

SIGNED Homer J. Kyle

TITLE Operator

DATE 6/23/1989

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

*See Instructions on Reverse Side

