

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

Expires August 31, 1985  
5. LEASE DESIGNATION AND SERIAL  
29-0392502  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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  
SESE Sec24, T7S, R32E

7. UNIT AGREEMENT NAME  
8. FARM OR LEASE NAME  
Federal "A"  
9. WELL NO.  
2  
10. FIELD AND POOL OR WILDCAT  
Chaveroo San Andres  
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

14. PERMIT NO.  
15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
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 PLANT ☐  
(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, Replace pump or other necessary repairs and put well back in production. To start operations within thirty (30) days or less.



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 \_\_\_\_\_ TITLE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

