

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

Budget Project No. 1004-1-1
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL

NM 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 ☒ LEASE BASIS

2. NAME OF OPERATOR

Homer J Kyle

3. ADDRESS OF OPERATOR

P.O. Box 387, Lovington, New Mex. 88260

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

Lease ; SE/4 Section 24

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal "A"

9. WELL NO.

one (1) through three (3)

10. FIELD AND POOL OR WILDCAT

Chaveroo San Andres

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

Sec. 24, T7S, R32E

12. COUNTY OR PARISH 13. STATE

Roosevelt New Mex.

14. PERMIT NO.

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

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) See Below

(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.) *

Application for Water Disposal

as per NTL-2B

Tank Battery ; SW/4 SE/4 24-7S-32E
one (1) 250 barrel tank

Formation ; San andres

Disposal Method ; Trucked to NM Salt Water Disposal Co
Jenkins Station

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

SIGNED

TITLE

Operator

DATE

2/16/1989

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED
DATE
PETER W. CHESTER

MAR 6 1989

BUREAU OF LAND MANAGEMENT
ROS WELL RESOURCE AREA

*See Instructions on Reverse Side