

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

Expires August 31, 1985
LEASE DESIGNATION AND SERIAL
NM 0392502
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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> LEASE BASIS	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Homer J Kyle	8. FARM OR LEASE NAME Federal "A"
3. ADDRESS OF OPERATOR P.O. Box 387, Lovington, New Mex. 88260	9. WELL NO. one (1) through three (3)
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	10. FIELD AND POOL OR WILDCAT Chaveroo San Andres
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, CR, etc.)
12. COUNTY OR PARISH Roosevelt	13. STATE New Mex.

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) See Below	
(Other) <input type="checkbox"/>		(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 Homer J Kyle TITLE Operator

DATE 2/16/1989

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

