

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

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

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 ☐		7. UNIT AGREEMENT NAME <i>MCA Unit</i>
2. NAME OF OPERATOR <i>Canaco Inc.</i>		8. FARM OR LEASE NAME <i>MCA Unit Btry. 1</i>
3. ADDRESS OF OPERATOR <i>P.O. Box 460, Hobbs, N.M. 88240</i>		9. WELL NO. <i>257</i>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <i>unit letter F</i> <i>1345' FNL + 2615' FWL</i>		10. FIELD AND POOL, OR WILDCAT <i>Maljamar GSA</i>
14. PERMIT NO. <i>30-025-08050</i>	15. ELEVATIONS (Show whether DF, RT, GR, etc.)	11. SEC., T., R., OR BLK. AND SURVEY OR AREA <i>Sec. 20, T-19S, R-32E</i>
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		12. COUNTY OR PARISH <i>Lea</i>
		13. STATE <i>N.M.</i>

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐
REPAIR WELL ☐	CHANGE PLANS ☐
(Other) <i>Shut-in Well</i>	☒

WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
(Other) <i>Report Casing integrity test</i>	☒

(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 tones pertinent to this work.)*

A casing integrity test was run 5-23-89 on the referenced well (chart attached). We respectfully request permission for the well to remain shut-in.

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

SIGNED *Marvin Simpson*

TITLE *Admin. Supervisor*

DATE *6-22-89*

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

7/12/90

7/10/90

*See Instructions on Reverse Side

SJS

RECEIVED

RECEIVED

JUL 13 1989

CCO
LOBBS OFFICE

