

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
Other instructions
reverse side

Budget Bureau No. 1004-
Expires August 31, 1985
LEASE DESIGNATION AND SERIAL

NM-0437592

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.)

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Tejas Oil Operators

3. ADDRESS OF OPERATOR

P.O. Box 58, Midland, Texas 79702

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

1980'FNL and 660' FEL of Sec. 31

14. PERMIT NO.

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

4142.4 GR

UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Brinson Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Malajamar GB-SA

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

Sec. 31, T16S, R32E

12. COUNTY OR PARISH 13. STATE

Lea

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 COMPLETION

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANE

(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 perti-
nent to this work.)*

The well has been plugged as follows:

Set cast iron bridge plug at 3800 and cap with 35' cement
Set cast iron bridge plug at 3150 and cap with 35' cement
Spot 10 sacks at surface
9# mud between all plugs
Install regulation marker
Clean and level location.

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

SIGNED

TITLE Operator

DATE 8-28-80

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE 9-3-80

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

RECEIVED
SEP 4 1986
G-23
HOBBS OFFICE