

RECEIVED
UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
JAN 24 1 14 PM '94

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

5. Lease Designation and Serial No.
LC-062004

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE

1. Type of Well

☐ Oil Well ☐ Gas Well ☒ Other Injection Well

2. Name of Operator

Cross Timbers Operating Co.

3. Address and Telephone No.

P.O. Box 52070, Midland, Texas 79710 (915) 682-8873

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1980' FNL, 660' FEL Sec 30, T17S, R33E, NMPH

7. If Unit or CA, Agreement Designation

SMGSAU

8. Well Name and No.

Tract 3 Well #1

9. API Well No.

30-025-01558

10. Field and Pool, or Exploratory Area

Maljamar (G-SA)

11. County or Parish, State

Lea County, NM

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☒ Notice of Intent
☐ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☒ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☐ Other _____
- ☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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 temporarily abandon. Well will not accept fluid at approved surface injection pressure.

Approved For 6 Month Period

Ending 6/9/94

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

Signed [Signature]

Title Operations Engineer

Date 1/21/94

(This space for Federal or State office use)

Approved by [Signature]
Conditions of approval, if any:

Title Petroleum Engineer

Date 2/9/94

JCBS

[Signature]