

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. OIL CONS. COMMISSION
1 BOX 1980
HOBBS, NEW MEXICO 88240

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

SUBMIT IN TRIPLICATE

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

Walter L. Shirey

3. Address and Telephone No.

615 S. ASHER Hobbs N.M. Ph-397-2528

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

1732'S & 2392.5'E

NWSE SEC-30 Township 18-S Range 38-E

5. Lease Designation and Serial No.

LC-032233-A

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

BOWERS' A #10

9. API Well No.

30025221470051

10. Field and Pool, or Exploratory Area

HOBBS OGALLALA

11. County or Parish, State

LEA

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 REQUEST FOR VARIANCE
☐ 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.)*

this well is only 40 FEET DEEP AND TESTING the casing is impossible it Removes oil from the fresh water TABLE AND Provides Beneficial use to the Public I Request A VARIANCE FOR casing TEST AND will Put on production by JAN. 1-1995

RECEIVED
OCT 5 11 14 AM '94

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

Signed Walter L. Shirey

Title Owner

Date 10-3-94

(This space for Federal or State office use)

(Orig. SGB) JOE C. LARA

Approved by

Title REGIONAL ENGINEER

Date 1/23/95

Conditions of approval, if any:

well to be placed on production by 1/31/95.