

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

K. M. EL FOR TRANSMISSION
P. O. BOX 199
HOBBS, NEW MEXICO

88240 FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

5. Lease Designation and Serial No.

NMNM 0245247

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

McElvain #3

9. API Well No.

30-025-28557

10. Field and Pool, or Exploratory Area

EK Bone Spring

11. County or Parish, State

Lea, NM

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

TOCO, L.L.C.

3. Address and Telephone No.

P.O. Box 888, Hobbs, NM 88241 505-392-7050

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

766' FSL & 731' FWL

Sec. 30, T-18S, R-34E

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.)*

Please cancel our request to SI this well. Well will remain on production.

RECEIVED

FEB 22 10 44 AM '96

CAR. AREA

HOBBS INSPECTION OFFICE
ACCEPTED FOR RECORD
DATE 3-11-96
SIGNATURE VRB

BUREAU OF LAND MGMT
HOBBS, NM

MAR 11 10 17 AM '96

RECEIVED

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

Signed Michael McKelvey Title Agent

Date 2/14/96

(This space for Federal or State office use)

Approved by _____
Conditions of approval, if any:

Title _____

Date _____