

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-
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. WELL TYPE
GEL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Harrison Interests, Ltd.

3. ADDRESS OF OPERATOR

520 Post Oak Blvd., Suite 600 Houston, Texas 77027

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

1980' FSL & 1980' FEL, Sec. 30, T-18-S, R-33-E

5. PERMIT NO.

N/A

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

3,758 GR

5. LEASE DESIGNATION AND SERIAL NO.

IC-069276

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Buffalo Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Wildcat

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

Sec. 30, T18S, R33E

12. COUNTY OR PARISH 13. STATE

Lea

NM

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

WATER SHUT-OFF

REPAIR OR ALTER CASING

ALTERED TREAT

MULTIPLE COMPLETION

SHOOTING OR ACIDIZING

ABANDON*

CHANGE WELL

CHANGE PLANS

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.)

16. TEMPORARILY ABANDONED

17. OTHER PROPOSED OR COMPLETED WORK (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.)*

As of 6-20-87 the Buffalo Federal well #1 has been Temporarily Abandoned.
This well is being considered for a water disposal well or a water supply well.

RECEIVED
JUN 29 10 43 AM '87
CARLSBAD RESOURCE
AREA HEADQUARTERS

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

SIGNED

TITLE Regulatory Coordinator

DATE 6-26-87

This space for Federal or State office use

APPROVED BY

Orig. Sgd. Director

TITLE

DATE 7-1-87

CONDITIONS OF APPROVAL, IF ANY

*See Instructions on Reverse Side

RECEIVED
JUL 2 1987
OCD
HOBBS OFFICE