

November 1982
Form 10-10-1

DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SECRET IN THE ORIGINAL
(Other instructions on reverse side)

Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS 88240

(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. OF WELL ☐ ON WELL ☒ OTHER ☐	5. LEASE DESIGNATION AND SERIAL NO. <u>40-063116</u>
2. NAME OF OPERATOR <u>Warrior, Inc.</u>	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <u>c/o Unique Engineering, PO Box 5315, Hobbs NM 88241</u>	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below) At surface <u>Unit N, 330 FSL & 350 FWL</u>	8. FARM OR LEASE NAME <u>Seale Federal</u>
	9. WELL NO. <u>4</u>
	10. FIELD AND POOL, OR WILDCAT <u>Eumont Yates SR Queen</u>
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 34, T20S, R36E</u>
14. PERMIT NO.	12. COUNTY OR PARISH <u>Lea</u>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>3584 DF</u>	13. STATE <u>NM</u>

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANS ☐	(Other) ☐	
(Other) <u>Temporarily Abandon</u> ☒		(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	
17. DESCRIBE COMPROMISED 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 temporarily abandoned because of poor economics.

#4 SI since 8/83
no prod reported

18. I hereby certify that the foregoing is true and correct		
SIGNED <u>[Signature]</u>	TITLE <u>Consulting Engineer</u>	DATE <u>10-17-86</u>
(This space for Federal or State office use)		
APPROVED BY <u>[Signature]</u>	TITLE _____	DATE <u>10-24-86</u>
CONDITIONS OF APPROVAL, IF ANY: _____		

APPROVED FOR 12 MONTH PERIOD

*See Instructions on Reverse Side

FINDING 10-23-86

NOV 27 1985
OCT 27 1985
RECEIVED