

Form 3150-5
November 1983)
Formerly 9-331)

U. S. M. OIL CONS. COMMISSION
P. O. BOX 19
HOBBS, NEW MEXICO 88240
UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL. FE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM-10601

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal DI

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Und. Wolfcamp

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

27-20-33

14. PERMIT NO.

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

3623.2' GL

12. COUNTY OR PARISH

Lea

13. STATE

NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

PULL OR ALTER CASING

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) status update

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input checked="" type="checkbox"/>

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

17. 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.)*

Pump tested 180 hours. Last 24 hours pumped 3 BO, 17 BW, and 0 MCFD. Well shut-in 11-15-83. Currently waiting on approval to perform additional work.

0+5-BLM, R 1-R. E. Ogden, HOU Rm. 21.150 1-F. J. Nash, HOU Rm. 4.206 1-CLF

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

SIGNED

Cathy L. Forman

TITLE Assist. Admin. Analyst

DATE 1-5-84

(This space for Federal or State office use)

APPROVED BY

LWQ

TITLE

DATE

CONDITIONS OF APPROVAL MAY 9 1984

Carlsbad NEW MEXICO *See Instructions on Reverse Side

RECEIVED
MAY 11 1984
O.C.D.
HOBBS OFFICE