

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE  
(Other instructions on reverse side)

Form applied  
Bureau Bulletin No. 1004-1  
Issued August 31, 1985  
LEASE DESIGNATION AND SERIAL NO.

LC-030132 (a)  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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. ☐ OIL ☐ GAS ☒ WELL ☐ OTHER  
2. NAME OF OPERATOR  
Dallas McCasland  
3. ADDRESS OF OPERATOR  
c/o Oil Reports & Gas Services, Inc, Box 755, Hobbs, NM 88241  
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)  
At surface  
2310' FSL & 1650' FFL of Sec 6

7. UNIT AGREEMENT NAME  
8. FARM OR LEASE NAME  
Tom Closson  
9. WELL NO.  
1  
10. FIELD AND POOL OR WILDCAT  
Jalnat  
11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA  
Sec 6 T22S R36E  
12. COUNTY OR PARISH  
Lea  
13. STATE  
NM

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)

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

NOTICE OF INTENTION TO

|                       |                        |
|-----------------------|------------------------|
| TEST WATER SHUT OFF   | REPAIR OR ALTER CASING |
| FRACTURE TREATMENT    | MULTIPLE COMPLETION    |
| SHOOTING OR ACIDIZING | ABANDON*               |
| REPAIR WELL           | CHANGE PLANS           |
| (Other)               |                        |

SUBSEQUENT REPORT OF:

|                                       |                 |
|---------------------------------------|-----------------|
| WATER SHUT OFF                        | REPAIRING WELL  |
| FRACTURE TREATMENT                    | ALTERING CASING |
| SHOOTING OR ACIDIZING                 | ABANDONMENT*    |
| (Other) H <sub>2</sub> S Calculations | X               |

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

17. DESCRIBE PROPOSED OR COMPLETED WORK, INCLUDING 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.\*

200 PPM 35 MCF gas per day

100 PPM radius =  $[(1.589)(.0002)(35,000)]^{.6258} = 5'$

500 PPM radius =  $[(0.4546)(.0002)(35,000)]^{.6258} = 2'$

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

SIGNED Dorinda Walker

TITLE Agent

DATE 12/30/91

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

RECEIVED  
JAN 6 10 32 AM '92

RECORDED  
JAN 9 5 13 PM '92