

UNIT STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLI
(Other instructions on re-
verse side)

Form approved.
Dodge Bureau No. 1004-1135
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. OIL WELL ☒ GAS WELL ☐ OTHER ☐	5. LEASE DESIGNATION AND SERIAL NO. LC 030132 B
2. NAME OF OPERATOR Euratex Operating Company	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 410 17th Street, Suite 2100, Denver, Colorado 80202	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 660' FNL & 330' FWL, Sec 20-T22S-R36E	8. FARM OR LEASE NAME Closson "B"
14. PERMIT NO.	9. WELL NO. 3
15. ELEVATIONS (Show whether DF, RT, GN, etc.)	10. FIELD AND POOL, OR WILDCAT Jalmat Yates SR
	11. SEC., T., R., M., OR BLM, AND SUBST OR AREA SEC 20-T22S-R 36E
	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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
MUDOUT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANT ☐	(Other) ☐	

(Other) ☐

(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.)

1. Unbutton well head and pull rods and tubing
2. Run CIBP and set at 3135' (Perfs at 3235' - 3286')
3. Load hole w/treated water - POOH
4. Test casing to 500 psi for 15 minutes
5. Button up well head and leave in TA status.

(work to be completed by 9/1/90)

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

SIGNED FAWIS TITLE Engineer DATE 6/11/90
(This space for Federal or State office use)
APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: _____

*See Instructions on Reverse Side