

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0135
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 ☐	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR <i>Canaco Inc.</i>	8. FARM OR LEASE NAME <i>Lockhart B-1</i>
3. ADDRESS OF OPERATOR <i>P.O. Box 460, Hobbs, N.M. 88240</i>	9. WELL NO. <i>8</i>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <i>Unit letter H</i> <i>1980' FNL & 660' FEL</i>	10. FIELD AND POOL, OR WILDCAT <i>Arrowhead Grayburg</i>
14. PERMIT NO. <i>30-025-24528</i>	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <i>Sec. 1, T-22S, R 36E</i>
15. ELEVATIONS (Show whether OF, RT, GR, etc.)	12. COUNTY OR PARISH <i>Lea</i>
	13. STATE <i>N.M.</i>

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
(Other) *Shut-in Well*

PLUG OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
ABANDON* ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐
FRACTURE TREATMENT ☐
SHOOTING OR ACIDIZING ☐
(Other) *Report Casing integrity test*

REPAIRING WELL ☐
ALTERING CASING ☐
ABANDONMENT* ☐

(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 and 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.)

A casing integrity test was run 6-12-89 on the referenced well (chart attached). We respectfully request permission for the well to remain shut-in.

RECEIVED

I do hereby certify that the foregoing is true and correct

SIGNED *Margaret Simpson*

TITLE *Admission Supervisor*

DATE *6-22-89*

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

APPROVED FOR 12 MONTH PERIOD

ENDING *7/6/90*

*See Instructions on Reverse Side

