

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
P.O. BOX 1980
HOBBS, NEW MEXICO 88240

EXPIRATION DATE OF THIS PERMIT: 11/30/85
Expires August 31, 1985
5. LEASE DESIGNATION AND SERIAL #
LC 030132 B
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 WELL ☒ GAS WELL ☐ OTHER ☐
2. NAME OF OPERATOR
Euratex Corporation
3. ADDRESS OF OPERATOR
1907 Texas American Bank Bldg., Ft. Worth, Texas 76102
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface:
1980' FSL & 660' FEL of Section 19
14. PERMIT NO.
CER #376
15. ELEVATIONS (Show whether DE, BT, etc.)
3549.8
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Closson "B"
9. WELL NO.
#32
10. FIELD AND FOOT OR WILDCAT
Jalmat-Yates
11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA
Sec-19-22S-36E
12. COUNTY OR PARISH
Lea
13. STATE
N.M.

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	REPAIR OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREAT	MULTIPLE COMPLETION	FRACTURE TREATMENT	ALTERING CASING
SHOOTING OR CHIPPING	ABANDON*	SHOOTING OR CHIPPING	ABANDONMENT*
REPAIR WELL	CHANGE LEASE	(Other)	

17. (Other) _____
Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.

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

11-21-86 RU Halliburton, set 35 sk plug from 1550' to 1450'
set 40 sk plug from 522' to 422'
set 25 sk surface plug

Well was P/A'd at 4:45 AM 11-21-86.

Note: Will skid rig 41' to west and spud #32Y Closson "B"



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

SIGNED Jessie R. Russell TITLE V.P. of Operations DATE 11-24-86
(This space for Federal or State office use)
APPROVED BY _____ TITLE _____ DATE 12 2 86
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

RECEIVED
DEC 3 1986
D.C.F.
HOBBS OFFICE