

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL
(Other instructions
verse side)

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Form approved.
Budget Bureau No. 1004-0115
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO

LC030132 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 Operating Company

3. ADDRESS OF OPERATOR
410 17th Street, Suite 2100, Denver, Colorado 80202

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

1880' FNL & 1980' FEL Sec 19-T22S-R36E

14. PERMIT NO.

15. ELEVATIONS (Show whether OF, RT, OM, etc.)

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Closson "B"

9. WELL NO.

34

10. FIELD AND POOL, OR WILDCAT

Jalmat Yates

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

Sec 19-T22S-R36E

12. COUNTY OR PARISH 13. STATE

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NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETION

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANE

(Other) Test Csg & TA

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

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 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 tubing
2. Run CIBP and set at 3372' (Perfs at 3472' - 3572')
3. Load hole with 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 FAW

TITLE Engineer

DATE 6/11/90

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side