DepArtMeINT OF THE INTERIOR Hobbs, NM 88240 DepArtMeINT OF THE INTERIOR Hobbs, NM 88240 Department of the interior interior of the interior o	Form 3160 F		TES	N.M. Oil Cons Di 1625 N. Fre. n D	Dr.
SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to deepen or reentry to a different reservoir. Use "APPLICATION FOR PERMIT." for such proposals T the family of th	(June 1990)	DEPARTMENT OF TH		Hobbs, NM 8824	U Budget Bureau No. 1004-013 Expires: March 31, 1993
Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.       It use "APPLICATION FOR PERMIT-" for such proposals         SUBMIT IN TRIPLICATE       7. If Unit of CA. agreement Desite of Marking State of Closson B Federal #:         1. Type of Well       6. Well Name of Concert         2. New of Concertor       6. A RI Well Name of Concertor         3. Addees and Toxing TX 79704. 915/685-1761       9. A RI Well Ne.         4. Joaction of Wordsong State. Tr. M. or Durcy Description)       11. Type of Well         12.       CHECK APPROPRIATE BOX(c) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA         TYPE OF SUBMISSION       TYPE OF ACTION         Minotice of Intern       Asandonment         Monitor of Concertor       Concertor         Bubbequering Report       Proging Back         CHECK APPROPRIATE BOX(c) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA         TYPE OF SUBMISSION       TYPE OF ACTION         Minitia Report       Carege Repair         Concertaints International Concertains (Care) Repair       Concertains International Report (Care) Repair         13. Describe Pagened of Completed Operations (Clearly state all period detects, and give pertinent dates, including estimate date of adating any proposed work. If we direction and measured and true vertical depths for all markders and corres the markders and corres the markder and corres the state of the dinternatin the interectin the more true of the dinterection to the					5. Lease Designation and Serial No. NMLC-030132B
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Xer in a Coerator     2 Name of Operator     3 Address and Telephone No.     4 Location of Well (Pool and Telephone No.     3 Address and Telephone No.     3 Address and Telephone No.     4 Developerator No.     4 Developeratore No.     4 Developeratore No.     4 Develope		SUBMIT IN TRIP	PLICATE		7. If Unit or CA, Agreement Designa
2 None of Operator  Closson B Federal #  A provem No  3 Address and Texphone No  3 Address and Texphone No  PO Box 501 Midland, TX 79704 915/685-1761  1 O Federal #  D Box 501 Midland, TX 79704 915/685-1761  1 O Federal #  Closson B Federal #  D Box 501  1 O Federal #  Closson B Federal #  D Box 501  1 O Federal #  D Box 501  1 O Federal #  Closson B Federal #  D Box 501  1 O Federal #  D Box 50  1 O Federal #  D Box 50  1 O Federal #  D Box 501  1	Oil Gas				
3 Address and Telephone No.       30-022-55076         DO Box 5061 Midland, TX 79704       915/685-1761         4 Location of Weil (Footage, See, T. R. M. or Survey Description)       10 Fried and Pool or texponient         2310* FSL, 2310* FSL, 2310* FWL, Unit K       See 19, 7228, R366         12.       CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA         TYPE OF SUBMISSION       TYPE OF SUBMISSION         White of Intent       Abandonment         Recompletion       Notice of Intent         Busing Casing       Other	2. Name of Operator				Closson B Federal #37
PO Box 5061, Midland, TX. 79704       915/685-1761       10 Field and Pool or Explored         2310 FSL, 2310 FWL, Unit K       Jalmat (TN-YT-79)       Jalmat (TN-YT-79)         2310 FSL, 2310 FWL, Unit K       II. County or Parish. State         12.       CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA         TYPE OF SUBMISSION       TYPE OF ACTION         Notice of Intent       Abandonment         Subsequent Report       Plugging Back         Final Abandonment Notice       Asing Repair         13. Describe Proposed of Completed Operations (Clearly state all perfinet details, and give portion of and measured and true vertical depths for all markdens and conses perfinent date, including estimate date of stating any proposed work. If we directionally diffied, give substand measured and true vertical depths for all markdens and conses perfinent between theoret and true vertical depths for all markdens and conses perfinent between theoret and true vertical depths for all markdens and conses perfinent between theoret and true vertical depths for all markdens and conses perfinent dates.         14. Lineaby certify that the foregoing is true and correct       Signed         15. Section 1001, makes it a ormer for any person in any proposed work. If we directionally diffied, give substance       Date         14. Lineaby certify that the foregoing is true and correct       Signed       Correction to injection         16. Lineaby certify that the foregoing is true and correct       Signed Correction to injection					
Lucation of Weil Processes Sec. T. R. M., or Survey Description) Using (TN-YT-7R) 2310° FSL, 2310° FWL, Unit K Using Casing Processes of Completed Operations (Closely state all perfined details, and and oncent Surface cent on APD from 350 sx Class C cmt w/2% CaCl to 200 sx Class C cmt w/2% Cacl tail and 375 sx 35/65 C POZ w/ gell & 1/4#/sx cellophane. This should circ to surface.  La hereby certify that the forogoing is how and correct Signed Completed Operations Construction Tate Engineer La hereby certify that the forogoing is how and correct Signed Completed Operations Construction Constructi	•	TX 79704 915/685-1761			10. Field and Pool, or Exploratory A
	4. Location of Well (Footage, Sec., T., R., M., or Survey Description)				Jalmat (TN-YT-7R)
12.       CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA         TYPE OF SUBMISSION       TYPE OF ACTION         X Notice of Intent       Abandoment         Bubsequem Report       Pugging Back         Pread Abandomment Notice       Attring Casing         Other       Dippose Water Shut-Off         13. Describe Proposed or Completed Operations (Clearly state all pertined details, and give pertinent dates, including estimated date of staring any proposed work. If we directionally diffed, give subsurface locations and measured and true vertical depths for all mandders and zones pertinent to this work. <sup>11</sup> Amend surface cmt on APD from 350 sx Class C cmt w/2% CaCl to 200 sx Class C cmt w/2% Cacl tail and 375 sx 35/65 C POZ w// gell & 1/4#/sx cellophane.         This should circ to surface.         Value       Operations (Table State	2310' FSL, 2310' FWL, Unit K				11. County or Parish, State
TYPE OF SUBMISSION       TYPE OF ACTION         Notice of Intent       Abandonment       Change of Plans         Subsequent Report       Plugging Back       Non-Focular Fracturing         Gring Repair       Onversion to Injection       Onversion to Injection         Prinal Abandonment Notice       Attering Casing       Onversion to Injection         Injection Proposed or Completed Operations (Clearly state all pertinet details, and give pertinent dates, including estimated date of starting any proposed work. If we directionally drilled, give subsurface locations and measured and true vertical depths for all markdets and zones pertinent to This work.)*         Amend surface cmt on APD from 350 sx Class C cmt w/2% CaCl to 200 sx Class C cmt w/2% Cacl tail and 375 sx 35/65 C POZ w/r gell & 1/4#/sx cellophane.         This should circ to surface.         14. I hereby certify that the foregoing is true and correct         Signed       OPICG SGD.) DAVID FL GLASS         This should circ to surface.         14. I hereby certify that the foregoing is true and correct         This should circ to surface.         14. I hereby certify that the foregoing is true and correct         This space for Federal of State office correct         This space for Federal of State office correct         Correct and the foregoing is true and correct         This space for Federal of State office correct         Coreditons of approval, if any					Sec 19, T22S, R36E
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14 1 hereby certify that the foregoing is twe and correct         Signed       Signed for federal of State office uses         14 1 hereby certify that the foregoing is twe and correct       Tate         Engineer       Date         07/21/00       This should circ to surface.	TYPE OF SU	JBMISSION		TYPE OF ACTION	· · · · _ · · · · · · · · · ·
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Signed       Morgan       Title       Engineer       Date       07/21/00         (This space for Federal or State office use)       Approved by       (OP:IG. SGD.)       DAVID F. GLASS       PETROLEUM ENGINEER       JUL 3 1 2         Approved by       (OP:IG. SGD.)       DAVID F. GLASS       Title       PETROLEUM ENGINEER       JUL 3 1 2         Conditions of approval, if any:       Title       Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or frastatements or representations as to any matter within its jurisdiction.	gell & 1/4#/sx cellopha	ne.	/2% CaCl to 200 €	sx Class C cmt w/2% Cacl tail	and 37 5 SX 35/65 C POZ W/69
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statements or representations as to any matter within its jurisdiction.			Title EI		Date
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