

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions
reverse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

030-062 0640

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

NM-62664

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back a well in New Mexico. Use "APPLICATION FOR PERMIT" for such proposals.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Cenoco Inc.

3. ADDRESS OF OPERATOR

P.O. Box 460 - Hobbs, NM 88240

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

2310' FSL & 2310' FWL

Unit K

14. PERMIT NO. 04836 15. ELEVATIONS (Show whether DF, RT, GR, etc.)

API# 30-025-64837 3628' DF

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Lockhart A-30

9. WELL NO.

#5

10. FIELD AND POOL OR WILDCAT

Eurent Yates 7 Rivers Queen

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

Sec. 30, T21S, R36E

12. COUNTY OR PARISH 13. STATE

Lea 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 COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other)

Temporary Abandon X

(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.)*

7-26-89 Test to 650' for 15 min. Held.
Cement Retainer @ 3120'.
Test chart attached.

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

SIGNED

W.W. Baker

TITLE

Administrative Sup'v.

DATE

Aug. 7, 1989

(This space for Federal or State office use)

(ORIG. SGD.) DAVID R. GLASS

TITLE

CHIEF, MINERAL RESOURCES

DATE

8-18-89

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

APPROVED FOR 12 MONTH PERIOD

ENDING 09-01-90

*See Instructions on Reverse Side

RECEIVED

AUG 21 1961

OCD
HOBBS OFFICE