

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions re-
verse side)

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

5. LEASE DESIGNATION AND SERIAL NO.

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' FNL & 660' FEL of Section 30

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Closson "B"

9. WELL NO.
11

10. FIELD AND POOL, OR WILDCAT
Jalmat Yates

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

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

Sec-30-22S-36E

12. COUNTY OR PARISH
Lea

13. STATE
NM

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) Notification T/A ☒

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.)*

The above well has been temporarily abandoned due to low production - evaluation in process.

APPROVED FOR 12 MONTH PERIOD
ENDING 9/22/87

RECEIVED

JUN 10 1986

DOBBS, NEW MEXICO

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

SIGNED *[Signature]*
(This space for Federal or State office use)

TITLE Production Secretary

DATE 6-4-86

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE 7-23-86

*See Instructions on Reverse Side

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100

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