

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP
(Other Instruction
verse side)

DATE
1-78

Form approved:
Budget Bureau No. 1004-0
Expires August 31, 1985

LEASE DESIGNATION AND SERIAL

LC-030556 (b)

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.)

RECEIVED
MAR 3 11 30 AM '89

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Evans & Guy Oil Co.

3. ADDRESS OF OPERATOR

c/o Oil Reports & Gas Services, Inc., Box 755, Hobbs, NM 88241

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

660' FNL & 1980' FWL Sec. 20

14. PERMIT NO.

API #30-025-09361

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

3442 DF

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Stevens B-20

9. WELL NO.

1

10. FIELD AND POOL OR WILDCAT

Jalmar Yates - SR

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

Sec. 20, T23S, 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

FRAC TURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

OTHER

PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON*

CHANGE PLANT

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRAC TURE TREATMENT

SHOOTING OR ACIDIZING

OTHER

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

See Below

(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. (Give by 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.)

Filed to amend Form 3160-5 dated 2/20/89.

Well No. 1 remains shut in.

Well No. 2 returned to production 2/2/89.

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

SIGNED

Robert J. Wells

TITLE

Agent

DATE

3-7-89

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side