

Form 1160-5
(July 1989)
(Formerly 9-J.11)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING
OFFICE FOR NUMBER
OF COPIES REQUIRED
(Other instructions on re-
verse side)

WM Howell District
Modified Form No.
NDEO-3160-4

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. NAME OF OPERATOR Lanexco, Inc.		3a. Area Code & Number No. 505-395-3056	
2. ADDRESS OF OPERATOR P.O. Box 1206 Jal, NM 88252		4. FARM OR LEASE NAME Farney A-17	
3. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FNL & 1980 FWL		5. WELL NO. 1	
14. PERMIT NO.		15. ELEVATION (Show whether of, of, on, etc.) 3478 KB	
16. COUNTY OR PARISH Lea		17. STATE NM	

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PILL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

Test Casing

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

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (If only 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 source points.)

Attempted to test casing to 500#. Leaked at 400#, up around the wellhead. Dug out the cellar and found holes in the 8 5/8" surface casing. Also indication of hole in 5 1/2" production casing above 1725' (top of cement). 3160-5 Intention to repair attached.

I hereby certify that the foregoing is true and correct

SIGNED

Mike [Signature]

TITLE Production Supt.

DATE 8-27-90

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side