

(November 1983)
(Formerly 9-331)

DEPARTMENT OF THE INTERIOR
BUREAU LAND MANAGEMENT

EXPIRES AUGUST 31, 1985
(Other instructions on reverse side)

5. LEASE DESIGNATION AND SERIAL NO.

LC-032573-b

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Elliott "B"

9. WELL NO.

7

10. FIELD AND POOL, OR WILDCAT

Blinebry

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

6-22S-37E

12. COUNTY OR PARISH

Lea

13. STATE

NM

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.)

N.M. Oil Con

P.O. Box 1980

Hobbs, NM 88241

1. OIL WELL ☒ GAS WELL ☐ OTHER

2. NAME OF OPERATOR
Zia Energy Inc.

3. ADDRESS OF OPERATOR
P.O. Box 2219, Hobbs, NM 88241

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

1980' FSL & 1780' FEL

14. PERMIT NO.

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

3443' GR

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 PLANE

☐

(Other)

☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐

REPAIRING WELL

☐

FRACTURE TREATMENT

☐

ALTERING CASING

☐

SHOOTING OR ACIDIZING

☐

ABANDONMENT*

☐

(Other)

Surface Commingling

☒

(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.)*

Production from the subject well was surface commingled 7/1/97 as per NMOCD commingling order PC-948, Production will be allocated by well tests.

RECEIVED
1997 OCT 15 P 1:44
BUREAU OF LAND MGMT.
HOBBS, NEW MEXICO

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

SIGNED

Scott Nelson

TITLE

Engineer

DATE

10/14/97

(This space for Federal or State office use)

APPROVED BY

NO. 000

NO. 000

TITLE

DATE

OCT 20 1997

CONDITIONS OF APPROVAL, IF ANY:

Provide additional information on testing and allocation.

*See Instructions on Reverse Side