

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLI
(Other instructions on 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

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Clossen "B"

9. WELL NO.

19

10. FIELD AND POOL, OR WILDCAT

Jalmat Yates SR

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

Sec 30-T22S-R36E

12. COUNTY OR PARISH 13. STATE

Lea

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.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐ N.M. OIL CONS. COMMISSION
P.O. BOX 1980

2. NAME OF OPERATOR HOBBS, NEW MEXICO 88240
Euratex Operating Company

3. ADDRESS OF OPERATOR
1801 Broadway, Suite 1200, Denver, CO 80202

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

660' FSL & 1980' FWL, Sec 30-T22S-R36E

14. PERMIT NO.

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

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

PULL OR ALTER CASING

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input checked="" type="checkbox"/>

MULTIPLE COMPLETION

ABANDON*

CHANGE PLANE

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

Pressure Test Casing

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

(NOTE: Report results of multiple completion on Well
Completion or Recombination 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.)*

Note: Well was officially TA'ed and approved by BLM on September 5, 1990, with a CIBP set at 3441'. Casing was pressured tested at that time.

Proposed Work:

1. Check fluid level in casing.
2. Rig up pump truck with chart recorder and pressure test casing to 500 psi for 30 min.
3. Rig down pump truck and return to TA'ed status.

Work to be completed within 60 days of receiving BLM approval.

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

SIGNED FAW

TITLE Consulting Engineer

DATE 12/28/93

(This space for Federal or State office use)

APPROVED BY JOE G. LARA

TITLE DEPARTMENT ENGINEER

DATE 1/25/94

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side