

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-0145
Expires August 31, 1985
5. LEASE DESIGNATION AND SERIAL NO.

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 OPERATING COMPANY
3. ADDRESS OF OPERATOR
1801 California Street, Suite 4100, 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-T225-R36E

14. PERMIT NO.
15. ELEVATIONS (Show whether DF, RT, GN, etc.)

LC030132B
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 SURVEY OR AREA
Sec 30-T225-R36E
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:

TEST WATER SHUT-OFF ☐ PULL OR ALTER CASING ☐
FRACTURE TREAT ☐ MULTIPLE COMPLETE ☐
SHOOT OR ACIDIZE ☐ ABANDON* ☐
REPAIR WELL ☐ CHANGE PLANS ☐

(Other) Test Casing and TA

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐ REPAIRING WELL ☐
FRACTURE TREATMENT ☐ ALTERING CASING ☐
SHOOTING OR ACIDIZING ☐ ABANDONMENT* ☐

(Other)

(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.)

1. Unbutton well head and pull tubing
2. Run CIBP and set at 3450'. (Perfs 3549' to 3782')
3. Load hole with treated water. POOH
4. Test Casing to 500 psi for 15 minutes
5. Button up well head and leave in TA status.

(work to be completed by 9-1-90)

5 1/4" - 15.50 - 3972
3 5/8" - 24.00 - 430
KB 3534

Alan

SEP 4 1990

DAVISLAND NEW MEXICO

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

SIGNED

FAWRE

TITLE

Engineer

DATE

5/23/90

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side