

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE  
(Other instructions on  
reverse side)

Budget Bureau No. 1004-0135  
Expires August 31, 1985

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <u>SALT WATER DISPOSAL</u>  | 5. LEASE DESIGNATION AND SERIAL NO.<br><u>H-1033503</u>                     |
| 2. NAME OF OPERATOR<br><u>BOGER WELL SERVICING CO.</u>  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME  |
| 3. ADDRESS OF OPERATOR<br><u>P.O. Box 1772 Hobbs, N.M. 88240</u>  | 7. UNIT AGREEMENT NAME  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface<br><u>660' FNL &amp; 1980' FNL</u><br><u>Unit C</u> | 8. FARM OR LEASE NAME<br><u>JENNINGS FEDERAL</u>                            |
| 14. PERMIT NO.  | 9. WELL NO.<br><u>1</u>   |
| 15. ELEVATION: (Show whether DF, RT, GR, etc.)<br><u>3635 KB</u>  | 10. FIELD AND POOL, OR WILDCAT<br><u>DOUBLE 'L' DELANDRE</u>                |
|   | 11. SEC., T., R., M., OR BLK. AND SURVEY OR ALBA<br><u>S-14, T24S, R32E</u> |
|   | 12. COUNTY OR PARISH<br><u>LEA</u>  |
|   | 13. STATE<br><u>NM</u>  |

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

|  |   |
|--|---|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/>      | MULTIPLE COMPLETE <input type="checkbox"/>    |
| SHOOT OR ACIDIZE <input type="checkbox"/>    | ABANDON* <input type="checkbox"/>             |
| REPAIR WELL <input type="checkbox"/>         | CHANGE PLANS <input type="checkbox"/>         |
| (Other) <input type="checkbox"/>             |   |

|  |  |
|--|--|
| WATER SHUT-OFF <input type="checkbox"/>        | REPAIRING WELL <input type="checkbox"/>  |
| FRACTURE TREATMENT <input type="checkbox"/>    | ALTERING CASING <input type="checkbox"/> |
| SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/>    |
| ✓ (Other) <u>CONVERSION TO GUD</u>             |  |

(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. The Subject well was converted to Air GUD prior to purchase by Boger Well Servicing in October 1987. No record of the work is in the files forwarded from Tenneco, nor is there a subsequent report.

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

SIGNED

Mark D. Clarke

TITLE

ENGINEER

DATE

2/90

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side