

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Cons. Division
1625 N. French Dr.
Hobbs, NM 88240

FORM APPROVED
Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

TK Operating (A Joint Venture)

3. Address and Telephone No.

1008 W. Broadway, Hobbs, NM 88240, 505/393-2727

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

660' FNL & 1980' FWL, Sec. 21, T23S, R37E

5. Lease Designation and Serial No.

LC-030187

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

LaMunyon Federal #4

9. API Well No.

30-025-10816

10. Field and Pool, or Exploratory Area

Langlie Mattix SR-QU-GB

11. County or Parish, State

Lea Co., NM

12. CHECK APPROPRIATE BOX(es) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

☒ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

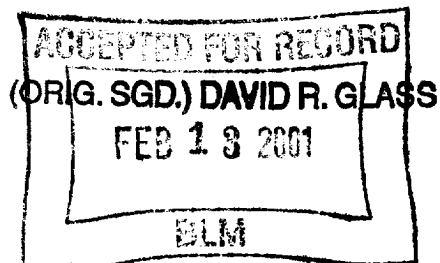
TYPE OF ACTION

☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other Repairs
☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

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

13. 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.)*

Rods parted. Replaced 138-3/4" rods, pump, collar and 8 jts tbg. Placed well back on production & cleaned location.



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

Signed Ray Heard

Title Agent

Date 2/6/01

(This space for Federal or State office use)

Approved by _____
Conditions of approval, if any:

Title _____

Date _____

GWW