

3160-5
(1990)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

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

Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

Name of Operator

PEMOK OIL, INC.

Address and Telephone No.

1550 WYNN JOYCE GARLAND, TEXAS 75403 214-271-6464

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

660' FSL, 1980' FWL sec. 14-T26S-R37E

Unit N

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

5. Lease Designation and Serial No.
NM - 7951

6. If Indian, Allottee or Tribe Name

7. If Unit or CA Agreement Designation

8. Well Name and No.
GLEN RYAN # 25

9. API Well No.
300252583300-SL

10. Field and Pool or Exploration Area
Yates 7 SR Gas
LEONARD QUEEN

11. County or Parish, State
LEA CO., N.M.

CHECK APPROPRIATE BOX(s) 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 TEST YATES SEVEN RIVERS
- ☐ 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.)

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.)

REQUEST:

SET CIBP WITH 2SX CMT BELOW SEVEN RIVERS
RUN CASED HOLE LOGS AND PERFORATE ACCORDINGLY IN THE YATES SEVEN RIVERS
ACIDIZE AND FRAC AS PER DESIGN FROM LOGS
PRODUCTION TEST

will
☒ BEGIN UPON APPROVAL

RECEIVED
NOV 1 1 36 PM '93
BUREAU OF LAND MGMT.
HOBBBS, NM.

11-9-93 R

I hereby certify that the foregoing is true and correct

Signed *David R. Glass* 505-393-0969 Title CONSULTING AGENT

Date 10-10-93

(This space for Federal or State office use)

Approved by *DAVID R. GLASS*

Title

Date

Conditions of approval, if any: