3160-5 بند (Tune 1990)

UNITED STATES

FORM APPROVED Budget Bureau No. 1004-0135

(June 1990)		YT OF THE IN LAND MANA(Expires: March 31, 199 5. Lease Designation and Serial		
						267	
Do not use	SUNDRY NOTICES this form for proposals to di Use "APPLICATION FO	ill or to deeper R PERMIT—" f	or reentry to a	different reservoir.	6. If Indian, Allottee or Tribe N		
,	Al-provided SUBMIT	IN TRIPLICA	<i>TE</i> _r ,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7. If Unit or CA, Agreement D	esignation	
I. Type of Well Oil Well Other of a self-comp and a self-co					8. Well Name and No.		
2. Name of Operator C. W. Trainer 3. Address and Telephone No.					Rush Fed #1 9. API Well No.		
	·	<i>l.</i> 1		•	30-025-27003		
P.O. Box 755 Hobbs, NM 88241 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)					10. Field and Pool, or Exploratory Area Wildcat Morrow		
4. Excelled of W		स्वयाम्बरम् १९८८ - १८ वर्षः स्थानस्य १८५			11. County or Parish, State	<u> </u>	
1980' F	NL & 1980' FWL Sec.	25-T24S-R32	Best derivative		Lea County, New	Mexico	
	HECK APPROPRIATE BOX			OF NOTICE, REPOR			
T	YPE OF SUBMISSION	an in a state as a state of the	en effect of parties of the con-	TYPE OF ACTION		•	
K	Notice of Intent		Abandonment Recompletion	engage of well as a second	Change of Plans New Construction		
. [Subsequent Report - 144 April 200 (Africa)		Plugging Back Casing Repair	e error	Non-Routine Fracturing Water Shut-Off		
	Final Abandonment Notice		Altering Casing		Conversion to Injection Dispose Water		
	and the second of the second o		्य २०० सुम ुक्ते रहा।इ सार	tear of the groups of the control	(Note: Report results of multiple com Completion or Recompletion Report		
	osed or Completed Operations (Clearly state a surface locations and measured and true verti						
	Operator proposes to together the 7 5/8"	reenter ab casing and	ove well and cement it to	drill out ceme surface.	nt plugs, splice		
	Mud Program:	Brine wat	ers obi				
	Casing Program:	As Federa	1 "BM" #1.	viously submitte	•		
en e	BOP Program:	DOL 8 MIT	l be used a l be rated hed Diagram	t the onset and at 5000# working	pressure 5	REC	
APPROVAL SI General Rei Special Stif Attached	QUIREMENTS AND PULATIONS	UR CERTIFY T EQUITABLE TI	HAT THE APP TLE TO THOSE WOULD ENT	TION DOES NOT WA LICANT HOLDS LEC RIGHTS IN THE SL ITLE THE APPLICA REON	GAL OR SO	DEIVED (1)	
14. I hereby cert	ify that the foregoing is true and correct	Title	Agent	505-622-7355	Date 8-10-93		

J. 40 . 1 40 . 1 8 Title