

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
Budget 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

Midland Operating, Inc.

3. Address and Telephone No.

3300 North "A", Bldg TW0, Suite 104, Midland, TX 915-570-0077

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

1980'FSL & 1980'FEL, Sec. 24, T25S, R36E

5. Lease Designation and Serial No.

LC032651 D

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Ascarte D #1

9. API Well No.

300250979400 S1

10. Field and Pool, or Exploratory Area

Jalmat (T-Y-7R)

11. County or Parish, State

Lea County, NM

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

TYPE OF SUBMISSION

- ☐ Notice of Intent  
☐ Subsequent Report  
☐ Final Abandonment Notice

\*Request for change in Status

TYPE OF ACTION

- ☐ Abandonment  
☐ Recompletion  
☐ Plugging Back  
☐ Casing Repair  
☐ Altering Casing  
☐ Other \_\_\_\_\_
- ☐ 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.)\*

Midland Operating, Inc. request Temporary Abandoned Status for this well. This well currently has a bridge plug above the perforations. This well is being considered for a recompletion in the Yates formation. The estimated date of completion is 7-1-00.

TA

12  
4/14/2000

RECEIVED  
2000 JUN -4 A 7:23

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

Signature

*[Signature]*

Title

President

Date

12-28-99

(This space for Federal or State office use)

*[Stamp]*

4/14/2000

JCB GWW