

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0139
Expires: September 30, 1990

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 <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input checked="" type="checkbox"/> Temporarily Shut In	5. Lease Designation and Serial No. NM 40658
2. Name of Operator Lanexco, Inc.	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. 1105 West Kansas Jal, NM 88252 (505-395-3056)	7. If Unit or CA, Agreement Designation
4. Location of Well (Footing, Sec., T., R., M., or Survey Description) NE-SW S-18-T-24-S R-38E 1650' FSL & 1980' FWL	8. Well Name and No. Buckskin Federal #3
	9. API Well No. 30-025-2702500
	10. Field and Pool, or Exploratory Area Dollarhide Tubb Drinka
	11. County or Parish, State Lea, NM

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

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other <u>Casing integrity test</u>

(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 data, 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.)*

4-21-99 - Met Pat Hutchings of the BLM on location. Pressure up on casing to 500 PSI. and monitored with pressure recorder. Original test chart enclosed. Pressure test was successful, with no pressure drop.

Lanexco, Inc. respectfully requests this well to be approved for TA status. We would like to be able to convert this well to a salt water disposal if our other well fails, or possibly re-complete it as a producer in a different zone. If the well is plugged, the cost to re-enter this well would be so high we couldn't do either, and could possibly cause premature loss of the lease.

TA
APPROVED FOR 12 MONTH PERIOD

ENDING APR 21 2000

14. I hereby certify that the foregoing is true and correct		
Signed <u>[Signature]</u>	Title <u>Prod. Supt.</u>	Date <u>4-25-99</u>
(This space for Federal or State office use)		
Approved by <u>[Signature]</u>	Title <u>GEORGE H. HARRIS</u>	Date <u>MAY 27 1999</u>
Conditions of approval, if any:		

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statement or representations as to any matter within its jurisdiction.

*See instruction on Reverse Side

IP 6 GWW

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UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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FORM APPROVED
Budget Bureau No. 1004-0135
Expires: September 30, 1990

SUNDRY NOTICES AND REPORTS ON WELLS

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SUBMIT IN TRIPLICATE

1. Type of Well
☐ Oil Well ☐ Gas Well ☐ Other Temporarily Shut In

2. Name of Operator:
Lanexco, Inc.

3. Address and Telephone No.
1105 West Kansas Jal, NM 88252

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
NESW S-18-T-24-S R-38E
1650' FSL & 1980' FWL

5. Lease Designation and Serial No.
NM 40658

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.
Buckskin Federal #3
API Well No.
30-025- 2702500

10. Field and Pool, or Exploratory Area
Dollarhide Tubb Drinkard
11. County or Parish, State
Lea, NM

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

TYPE OF SUBMISSION	TYPE OF ACTION	
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Other	

(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.)*

Lanexco, Inc. respectfully request approval to pressure test the casing for 30 minutes, and be continued as TA'D status. At this time we are losing money on this lease and feel a workover would be so expensive it would force us to sell this lease or shut it in. At this point we are trying to survive, until prices get to the point we could afford to convert this well into a disposal.

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

Signed Mike Garland

Title Prod. Supt.

Date 3-10-99

(This space for Federal or State office use)

Approved by (ORIG. SGD.) DAVID R. GLASS

Title

Date APR 01 1999

Conditions of approval, if any:

SEE ATTACHED PAGE

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious, or fraudulent statements or representations in any matter within its jurisdiction.

*See instruction on Reverse Side