

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
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

5. Lease Designation and Serial No.

NM-0241

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

CONVEST ENERGY CORP.

3. Address and Telephone No.

2401 FOUNTAIN VIEW DR. STE. 700, HOUSTON, TX 77057

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

**CITIES SERVICE FED. #2
SEC. 35, T. 24S, R. 36E.
LEA COUNTY, NEW MEXICO**

1980/52 6601E

8. Well Name and No.

CITIES SERVICE FED. #2

9. API Well No.

30-025-09692

10. Field and Pool, or Exploratory Area

JALMAT

11. County or Parish, State

**LEA COUNTY
NEW MEXICO**

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

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

MECHANICAL INTEGRITY TEST

(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.)*

TESTED WELL AT 10:00AM, 8/07/90

**PRESSURED CASING TO 580 PSI AND HELD FOR OVER 15 MINUTES
WITH NO LEAK OFF. TEST WITNESSED BY ANDY CORTEZ OF BLM.**

RECEIVED
SEP 24 8 31 AM '90
CARLSBAD REGIONAL
OFFICE
AREA HEADQUARTERS

APPROVED FOR 12 MONTH PERIOD

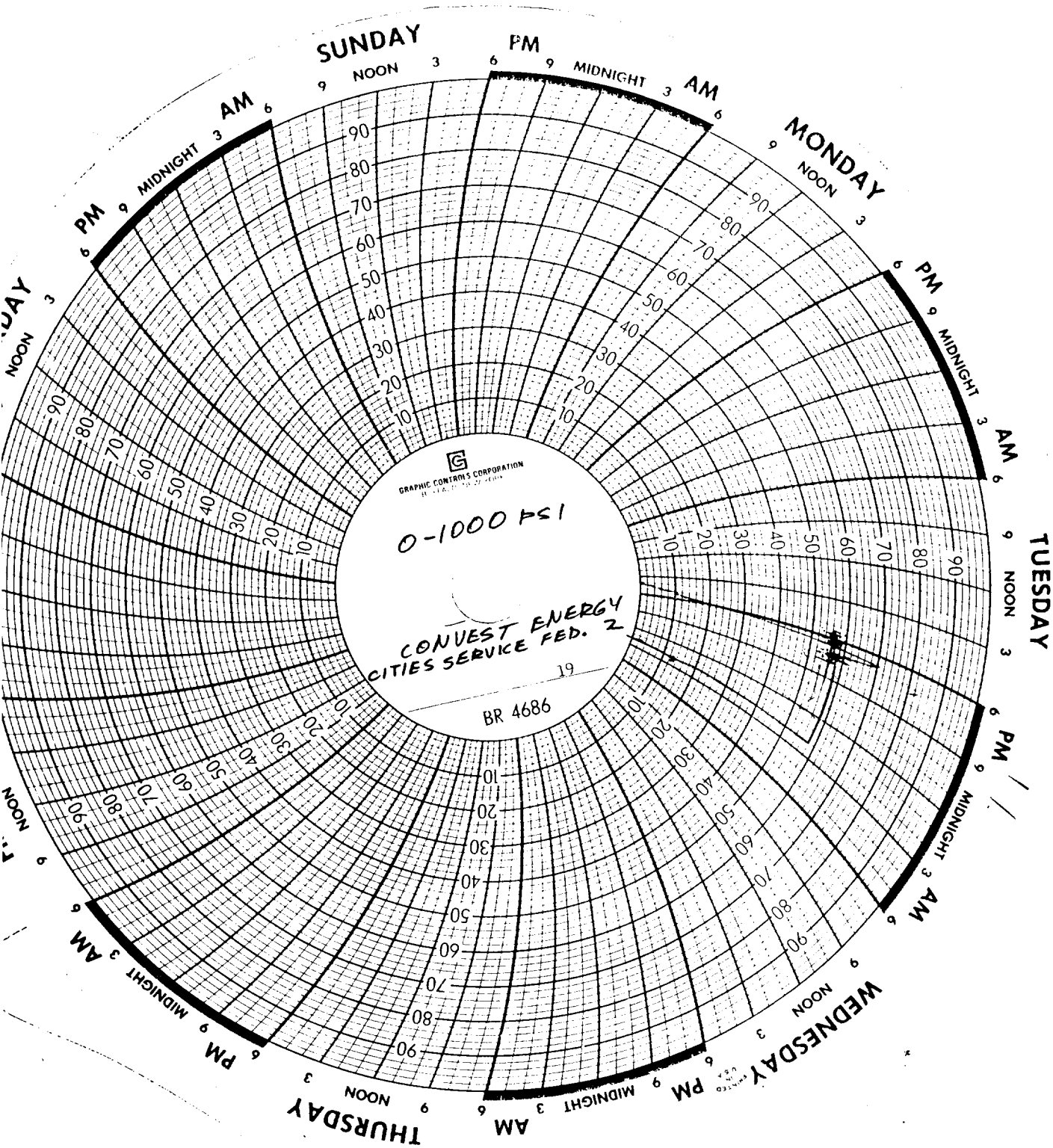
ENDING 8/1/91

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

Signed **[Signature]** Title **PUMPER / ENGINEER** Date **8-07-90/9/14/90**

(This space for Federal or State office use)

Approved by _____ Title _____ Date **10-29-90**
Conditions of approval, if any:



EL PASO NATURAL GAS CO.

DATE June 7 19 83

RECONNECT

ADVICE ON WELLS TIED INTO GAS GATHERING SYSTEMS

Name of Producer Convest Energy Corporation (1557)

Well Name and Number Cities Service Federal #2

Location 1980' FSL, 660' FEL, Sec. 35, 24-S, R-36-E, Lea Co., NM

Pool Name Jalmat Tansill Yates 7 Rivers

Producing Formation Seven Rivers

Top of Gas Pay 3,385'

Oil or Gas Well Oil

Gas Unit Allocation 40 Acres

Date Tied Into Gathering Systems 5/23/83

Date of First Delivery 5/25/83

Gas Gathering System Lea County Low Pressure Casinghead G/S

Processed through Gasoline Plant (yes or no) Yes - Jal Complex

Station Number 64-126-01

Remarks: _____

By: Jean Minnick

, Dispatching

RECEIVED
JUN 10 1983
O.C.D.
MOBBS OFFICE

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil ☒ gas ☐ other ☐
2. NAME OF OPERATOR
ConVest Energy Corporation
3. ADDRESS OF OPERATOR
c/o Oil Reports & Gas Services, Inc.
Box 763, Hobbs, NM 88240
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
1980' FSL & 660' FEL of Section 35
AT SURFACE:
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐

(other) Test for Production

SUBSEQUENT REPORT OF:

☐
☐
☐
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☐
☐

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DEC 23 1982

OIL & GAS
MINERALS MGMT. SERVICE
ROSWELL, NEW MEXICO

5. LEASE
NM-0241
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Cities Service Federal
9. WELL NO.
2
10. FIELD OR WILDCAT NAME
Jalmat
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 35 T24S R36E
12. COUNTY OR PARISH
Lea
13. STATE
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3264

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

17. 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.)*

12/14/82 Swab 3 hours, well kicked off flowing

12/15/82 Flowed 2 bbls oil, 1 bbl water, 40 MCF gas in 24 hours
thru 24/64" choke, flowing tubing pressure 50#. Shut in waiting
on meter run.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED David R. Glass TITLE Agent DATE 12/22/82

APPROVED BY _____ (This space for Federal or State office use)
CONDITIONS OF APPROVAL _____ TITLE _____ DATE _____

MINERALS MANAGEMENT SERVICE
ROSWELL, NEW MEXICO

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
HOBBS, NEW MEXICO 88240

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM-0241

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT--" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR ConVest Energy Corporation	8. FARM OR LEASE NAME Cities Service Federal
3. ADDRESS OF OPERATOR c/o Oil Reports & Gas Services, Inc. Box 763, Hobbs, NM 88240	9. WELL NO. 2
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FSL & 660' FEL of Section 35	10. FIELD AND POOL, OR WILDCAT Jalmat
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3264
	12. COUNTY OR PARISH Lea
	13. STATE NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) Attempt to return to production	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	

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

17. 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.)*

Is is proposed to test & return to production if feasible.

RECEIVED

DEC 10 1982

OIL & GAS
MINERALS MGMT. SERVICE
ROSWELL, NEW MEXICO

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

SIGNED Ruth G. Gillham TITLE Agent DATE 12/9/82

(This space for Federal or State office use)

APPROVED BY (Signature) JAMES A. GILLHAM TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

FOR
JAMES A. GILLHAM *See Instructions on Reverse Side
DISTRICT SUPERVISOR