

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other Instructions on reverse side)

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

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.)

N.M. OIL CONS. COM. P.O. BOX 1980 HOBBS, NEW MEXICO

5. LEASE DESIGNATION AND SERIAL NO.

8910138170 - NM7488

6. IF INDIAN, COUNTRY OR TRIBE NAME

7. UNIT AGREEMENT NAME

MYERS LANGLEIE MATTIX

8. FARM OR LEASE NAME

9. WELL NO.

272

10. FIELD AND POOL, OR WILDCAT

LANGLIE MATTIX 7R Q-G

11. SEC. T, R, M, OR BLK AND SURVEY OR AREA

SEC 6 T24S R37E

14. PERMIT NO.

30-025-32566

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3312

12. COUNTY OR PARISH

LEA

13. STATE

NM

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

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☐  
☐  
☐  
☐

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

☐  
☐  
☐  
☐  
☐

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

☐  
☐  
☐  
☐  
☐

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

☐  
☐  
☐  
☐  
☐

SPUD, SET SURE CASING & CEMENT

(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 five 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.)\*

MIRU RODRIC #10, SPUDDED 12-1/4" HOLE @ 1815HRS MDT 8/16/94, DRILL TO TD @ 407', CHC. RIH W/ 8-5/8" 24# CASING & SET @ 404'. M&P 260sx CL C W/ 2% CACL2 + 1/4#/sx FLOCELE, DISPLACE W/ FW, PLUG DOWN @ 2131HRS MDT 8/16/94, CIRC 10sx CMT TO PIT, ANDY CORTEX W/ BLM WITNESSED CEMENT JOB, WOC-8HRS. NU BOP & TEST, DRILL OUT & TEST, DRILL AHEAD.

COPIES  
ATTN

AUG 19 11 35 AM '94

RECEIVED

535

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

SIGNED

*[Signature]*

TITLE

REGULATORY ANALYST

DATE

8/17/94

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

**RECEIVED**

SEP 14 1994

OFFICE