

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse 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.)

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MAR 22 1991

O. C. D.
ARTESIA, OFFICE

5. LEASE DESIGNATION AND SERIAL NO.
NM08386

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
SW309

8. FARM OR LEASE NAME
Dagger Draw Gas Com

9. WELL NO.
1

10. FIELD AND POOL, OR WILDCAT
Dagger Draw - Strawn

11. SEC. T., R., M., OR BLK. AND
SURVEY OR AREA
Section 6-T20S-R25E

12. COUNTY OR PARISH
Eddy

13. STATE
NM

1. OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR
Nearburg Producing Company ✓

3. ADDRESS OF OPERATOR
P. O. Box 823085, Dallas, Texas 75382-3085

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
660' FSL and 1,980' FEL

14. PERMIT NO.
API #30-015-10339

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

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
(Other)

PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
ABANDON* ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐
FRACTURE TREATMENT ☐
SHOOTING OR ACIDIZING ☐
(Other) Change of operator

REPAIRING WELL ☐
ALTERING CASING ☐
ABANDONMENT* ☐

X

(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.)*

Change of operator from BHP Petroleum Company, Inc. to Nearburg Producing Company effective December 1, 1990.

RECEIVED FOR RECORD

MAR 21 1991

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

SIGNED Mildred Simpkins TITLE Production Analyst

DATE 12/10/90

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side