

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Budget Bureau No. 1004-017
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.
NM08386

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.)

RECEIVED

MAR 22 1991

O. C. D.
ARTESIA, OFFICE

7. UNIT AGREEMENT NAME

SUS-310

8. FARM OR LEASE NAME

Dagger Draw Gas Com

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Dagger Draw - Morrow

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

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other)

Change of operator

(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.

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 _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side