

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other Just One Side)
(Other Just One Side)

Expires August 31, 1988

5. LEASE DESIGNATION AND NUMBER

NM0473362

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 ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

Reeves County Systems, Inc.

3. ADDRESS OF OPERATOR

P.O. Box 152, Odessa, Texas 79760

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

1980' FSL & 1980' FEL

RECEIVED

MAR 16 '89

O. C. D.
ARTESIA, OFFICE

7. UNIT AGREEMENT NAME

None

8. FARM OR LEASE NAME

DWU Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Winchester-Atoka

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

Unit J, Sec. 34, 19-S
28-E

12. COUNTY OR PARISH

Eddy

13. STATE

N.M.

14. PERMIT NO.

Letter dated 11-14-80

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

GL - 3307'

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) Change in Operator

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)*

Former Operator:

Hillin Production Company

P.O. Box 152

Odessa, Texas 79760

ACCEPTED FOR RECORD
ACCEPTED FOR RECORD

MAR 10 1989

CARLSBAD, NEW MEXICO
CARLSBAD, NEW MEXICO

CARLSBAD, NEW MEXICO
AREA HEADQUARTERS

MAR 9 11 10 AM '89

RECEIVED

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

SIGNED

B. D. Hillin

TITLE President

DATE

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side