the first				
Form 3160-5 (June 1990)	DEPARTME	IITED STATES ENT OF THE INTERIOR LAND MANAGEMENT	RECEIVED FEB 2 5 1992	FORM APPROVED Budget Bureau No. 1004-0135 Expires: March 31, 1993 5. Lease Designation and Serial No.
SUNDRY NOTICES AND REPORTS ON WELLS				NM-0504364A 6. If Indian, Allottee or Tribe Name
	Use "APPLICATION FO	drill or to deepen or reentry t DR PERMIT—" for such prop	o a different reservoir. osatstresia Office	
SUBMIT IN TRIPLICATE				7. If Unit or CA, Agreement Designation
1. Type of Well				\$₩948
Oil Well Well	1 Other			8. Well Name and No.
2. Name of Operator Nearburg Producing Company 3. Address and Telephone No.				Hilliard Gulf Federal Com 9. API Well No. 30-015-21066
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)				Cemetary Morrow
1980' FNL & 1980' FWL Section 35-19S-25E				11. County or Parish, State
				Eddy County, New Mexico
2. CHECK	APPROPRIATE BOX	(s) TO INDICATE NATURE	OF NOTICE, REPO	RT, OR OTHER DATA
TYPE OF SUBMISSION			TYPE OF ACTION	
Notice	of Intent			Change of Plans
Subsequent Report				
Final Abandonment Notice		Plugging Back		Non-Routine Fracturing
		Casing Repair Altering Casing		Water Shut-Off
		X Other Well	Potential Test	Dispose Water
13. Describe Proposed or Co	ompleted Operations (Clearly state	Il partinent detaile and since at the		(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form J
give subsurface loc	cations and measured and true verti	ical depths for all markers and zones pertin	including estimated date of starting ent to this work.)*	g any proposed work. If well is directionally drilled,
1/21/92	MIRU swab unit.			
1/22/92	Swab 4 hrs. Recovered 35 BW with strong gas blow.			
1/23/92	SITP 450#. Swabbed 60 BW with strong gas blow.			
1/24/92	SD.		g gas biow.	
1/25/92	36 hr SITP 565#. Swabbed 8 hrs, fluid level @ seating nipple. RU well tester.			
1/26/92 -				
1/29/92				
	rion cesting wi			
	from testing wi			
	rion testing wi			
	foregoing is true and correct			
4. I hereby certify (the mark	foregoing is true and correct	Title _Engineering	Manager	Date 2/11/92
4. I hereby certify filling of	foregoing is true and correct		Manager	
4. I hereby certify (the get Signed	foregoing is true and correct or State office use)		Manager	Date535

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