

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM OIL CONS COMMISSION
Drawer DD
Artesia, NM 88210
FORM APPROVED
Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. NM-4025
2. Name of Operator Barbara Fasken ✓	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. 303 W. Wall, Suite 1900, Midland, TX 79701 915-687-1777	7. If Unit or CA, Agreement Designation SW 1084
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1980' FSL, 660' FWL Sec. 21, T20S, R25E	8. Well Name and No. Cemetery Federal No. 1
	9. API Well No. 30-015-21342
	10. Field and Pool, or Exploratory Area Cemetery (Morrow)
	11. County or Parish, State Eddy Co., NM

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other Stimulate existing perfs
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)*

Work performed 2-18-94

1. Acidized Morrow perfs 9333'-9554' with 1000 gals. 15% NEFE HCl + 1000 gals. Methanol with 35% CO₂.
2. Flowed back load.
3. Returned well to production.

RECEIVED
MAR 22 11 06 AM '94
CAPL AREA

J. Lara

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

Signed Carl Brown Title Petroleum Engineer Date 3-18-94

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____
Conditions of approval, if any: