

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.)

5. LEASE DESIGNATION AND SERIAL NO.  
NMNM15003

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
GOVERNMENT AB

9. WELL NO.  
9

10. FIELD AND POOL, OR WILDCAT BONE  
OLD MILLMAN RANCH SPRINGS

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

SEC 10 T20S R28E

14. PERMIT NO.

300152796400S01

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

3268

ARTESIA, OFFICE

12. COUNTY OR PARISH

EDDY

13. STATE

NM

Check Appropriate Box To Indicate Nature of Notices, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRAC TURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

WATER SHUT-OFF

FRAC TURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

SPUD, SET CASING & CEMENT

(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 five 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.)\*

MIRU McGEE RIG #2, SPUDDED 17-1/2" HOLE @ 2100hrs CDT 5/16/94, DRILL TO TD @ 400'. CHC, RIH W/ 13-3/8" 48# H-40 CASING & SET @ 400'. M&P 500sx CL C CMT W/ 2% CACL2 + 1/4#/sx CELLO-SEAL, DISPLACE W/ FW, PLUG DOWN @ 0745hrs CDT 5/17/94, CEMENT DID NOT CIRCULATE, WOC-3HRS. RIH W/ 1" TO TOC @ 90', M&P 114sx CL C CMT W/ 2% CACL2, CIRC 10sx TO PIT @ 1145hrs CDT 5/17/94, BLM NOTIFIED BUT DID NOT WITNESS. WOC. CUT OFF CSG & WELD ON STARTING HEAD, ND BOP, RIH & DO PLUG, CMT & SHOE, DRILL AHEAD.

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

SIGNED

TITLE

REGULATORY ANALYST

DATE

5/26/94

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side