

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

ROSWELL RESOURCE AREA  
SUBMIT IN THIS  
(Other - Instruct  
verse side)  
Hobbs

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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. N.M. 0328425	
2. NAME OF OPERATOR EP Operating Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 6 Desta Drive, Suite 5250, Midland, TX 79705-5510		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 510' FNL, 1980' FEL, Section 27, T8S, R36E		8. FARM OR LEASE NAME N. M. (55) Federal #2	
14. PERMIT NO. API 30-41-00208		9. WELL NO. 2	
15. ELEVATIONS (Show whether DF, RT, GR, etc.)		10. FIELD AND POOL, OR WILDCAT Vada Penn	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 27, T8S, R36E	
		12. COUNTY OR PARISH Roosevelt	
		13. STATE NM	

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

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.)\*

The surface reclamation is complete and ready for inspection.



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

SIGNED

S. D. Reed

TITLE

Production Superintendent

DATE

4/30/92

(This space for Federal or State office use)

APPROVED BY

TITLE

Assistant Field Manager,  
Lands And Minerals

DATE

11/23/15

CONDITIONS OF APPROVAL, IF ANY:

DEC 03 2015

\*See Instructions on Reverse Side

Accepted for Record Only

MSB/OCd 12/2/2015