

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO

NM 04242

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Cockburn Fed.

9. WELL NO.

10

10. FIELD AND POOL, OR WILDCAT

Maljamar Grayburg 5-A

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

Sec 33-17S-33E

12. COUNTY OR PARISH

Lea

13. STATE

NM

1.

OIL WELL ☒ GAS WELL ☐ OTHER

2. NAME OF OPERATOR

M & W OF LOVINGTON, INC.

3. ADDRESS OF OPERATOR

Box 922, LOVINGTON, NM 88260

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

UNIT LETTER J 2310FSL-2310 FEL SEC 33

14. PERMIT NO.

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

GL 4113

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)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

X

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.)*

Well was originally drilled and completed in both zones in 1965
by Barney Cockburn

RECEIVED

APR 16 12 26 PM '90

CARLOS
AREA

ACCEPTED FOR RECORD

Adm

APR 17 1990

BUREAU OF LAND MGMT.
HOBBS, NM.

APR 12 6 14 AM '90

RECEIVED

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

SIGNED

Robert M. Hays

TITLE

Vice President

DATE

4/12/90

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side