

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. OIL CONS. COMMISSION

BOX 1980

HOBBS, NEW MEXICO 88240

FORM APPROVED

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-56265
2. Name of Operator Nearburg Producing Company	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. P. O. Box 823085, Dallas, TX 75382-2085 214/739-1778	7. If Unit or CA. Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1,650' FNL and 1,980' FWL, Section 25, T20S, R34E	8. Well Name and No. Federal L Com #1
	9. API Well No. 30-025-20811
	10. Field and Pool, or Exploratory Area Lea Penn. Gas Marrow
	11. County or Parish, State Lea County, New Mexico

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 checked="" 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 <u>Swab Report</u>
	<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.)

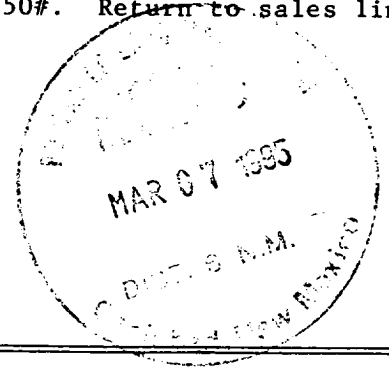
13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

- 02-23-95 MIRU well service unit. Swab well. Recovered 1/2 barrell fluid.
- 02-24-95 Swab well 13 runs. Recover 31 barrels with gassy mist.
- 02-25-95 Swab well 12 runs. Recovered 29 barrels with heavy gas mist.
- 02-26-95 Swab well 6 runs. Recovered 3 barrels. Tubing psi 150#. Return to sales line.

RECEIVED
MAR 4 1 54 AM '95
BUREAU OF LAND MANAGEMENT
HOBBS, N.M.

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

Signed [Signature] Title Drilling Supt. Date 02/26/95

(This space for Federal or State office use)

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

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*See Instruction on Reverse Side

myP