

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM058203 & NM0149818

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

NM-68824

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 GAS WELL OTHER

2. NAME OF OPERATOR

M & G Oil, Inc.

3. ADDRESS OF OPERATOR

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

P.O. Box 766 Tatum New Mexico 88267
660' FNL and 1980' FEL
Sec. 8. T-9-S. R-35-E
Lea County, New Mexico

14. PERMIT NO.

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

4199'

7. UNIT AGREEMENT NAME

Coll Federal Com

8. FARM OR LEASE NAME

9. WELL NO.
1

10. FIELD AND POOL, OR WILDCAT

VADA PFNN

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

12. COUNTY OR PARISH 13. STATE

Lea N.M.

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

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.)*

RECEIVED
NOV 23 8 19 AM '87
CARLSBAD RESOURCE AREA MANAGERS

ACCEPTED FOR RECORD

SJS

DEC 10 1987

CARLSBAD, NEW MEXICO

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

SIGNED

Wm. J. Crossbeck

TITLE Vice President

DATE 11-20-87

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED
DEC 14 1987
OCD
HOBB'S OFFICE