Form 3160-5 (April 2004)

UNITED STATES DEPARTMENT OF THE INTERIOR

Oil Cons.
N.M. DIV-Dist. 2
1301 W. Grand Avenue
Artesia, NM 8821 Q. Lease Serial No.

FORM APPROVED OMB NO. 1004-0137 Expires March 31, 2007

BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.				NMNM53219		
					Allottee or Tribe Name	
SUBMIT IN TRIPLICATE - Other instructions on reverse side				7. If Unit or CA/Agreement, Name and/or No		
1. Type of Well		RECE	IVED			
X Oil Well Gas Well Other				8. Well Name and No.		
2. Name of Operator	JUN 1 8 2004				McKittrick 11 Fed #2	
Nearburg Producing Company OCD-ARTESIA				9. API Well No.		
3a. Address	·				30-015-33270	
3300 N A St., Bldg 2, Ste 120, Midland, TX 79705 432/686-8235 Location of Well (Footage, Sec., T., R., M., or Survey Description)				10. Field and Pool, or Exploratory Area Indian Basin; Upper Penn,		
SHL: Unit B, 757 FNL and 1341 FEL, Sec 11, 22S, 24E				Associated		
BHL: Unit B, 990 FNL and 2310 FEL, Sec 11, 22S, 24E					or Parish, State	
				Eddy NM		
12. CHECK APPROPRIATE	BOX(ES) TO IND!CA	TE NATURE OF N	OTICE, REPO	ORT, OR O	THER DATA	
TYPE OF SUBMISSION		TYP	E OF ACTION			
Notice of Intent	Acidize	Deepen	Production	(Start/Resume)	Water Shut-Off	
	Alter Casing	Fracture Treat	Reclamation	n	Well Integrity	
X Subsequent Report	Casing Repair	New Construction	Recomplete	e	X Other Spud	
Final Abandonment Notice	Change Plans	Plug and Abandon	Temporarily	y Abandon	Surface csg and	
	Convert to Injection	Plug Back	Water Disp	osal	cmt	
testing has been completed. Final Abandonment N determined that the final site is ready for final inspect Spud well on 5/22/04.	otion.)	er an requirements, inci	uding reciamation	n, nave oeen c	ompleted, and the operator has	
Drld to 1567'. RU csg crew and r 1st Lead - 100 sxs Thixtropic Cla sxs Class C + additives. Bumped cnductor and 9-5/8 csg, weld on w proceed without witness).	ss H cmt. 2nd Lead plug @ 0030 h e s wit	d - 1000 sxs 35: th 925 psi. Cir	55 POZ "C" c 125 sxs c t (notified	+ additive mt to pits BLM and	es. Tailed w/ 200 s. WOC. Cut off instructed to	
				JUN 1		
14. I hereby certify that the foregoing is true and correct Name (Printed Typed)	1	Title				
Name (Printed Typed) Sarah Jordan		Product	ion Analsyt	;		
2 Jalan		Date 6/9/04				
THIS	SPACE FOR FEDERA	AL OR STATE OFF	ICE USE		11.1.1.1	
approved by		Title			Date	
Conditions of approval, if any, are attached. Approval of certify that the applicant holds legal or equitable title to which would entitle the applicant to conduct operations the	those rights in the subject k	t or Office				