

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil & Gas Division
811 S. 1st
Artesia, NM 87003-2834

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

C15F

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

Oil Well Gas Well Other

2. Name of Operator

NAUMANN OIL AND GAS, INC.

3. Address and Telephone No.

P.O. Box 10159, Midland, TX 79702 915-683-5051

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

(D) 1026' FNL & 409' FWL Sec 18-22S-26E
Corrected Bottomhole Location:
(C) 828.5' FNL & 2045.6' FWL Sec. 18-22S-26E

5. Lease Designation and Serial No.

NM-83054

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

FAREWELL "18"-1
Fed. Com

9. API Well No.

30-015-28303

10. Field and Pool, or Exploratory Area

Happy Valley Morrow GA

11. County or Parish, State

Eddy, NM

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

Notice of Intent
 Subsequent Report
 Final Abandonment Notice

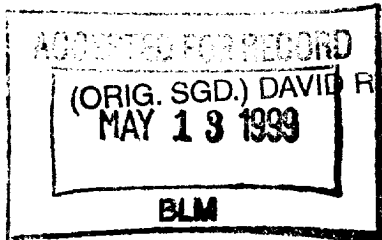
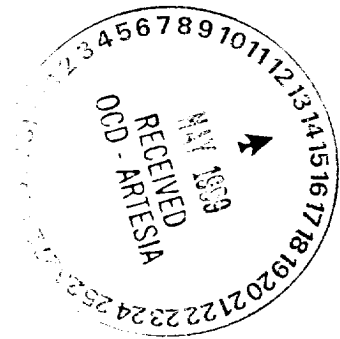
TYPE OF ACTION

Abandonment
 Recompletion
 Plugging Back
 Casing Repair
 Altering Casing
 Other SWAB WELL
 Change of Plans
 New Construction
 Non-Routine Fracturing
 Water Shut-Off
 Conversion to Injection
 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.)*

Will MRLU Service rig on 4-26-99 to
EVALUATE STRAWN perforations 10,068-10,074'



GLASS

RECEIVED
MAY 13 1999
A 926

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

Signed David R. Glass

Title President

Date 4-22-99

(This space for Federal or State office use)

Approved by _____
Conditions of approval, if any:

Title _____

Date _____