

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
SUNDRY NOTICES AND REPORTS ON WELLS

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

5. LEASE DESIGNATION AND SERIAL NO

NM-53219

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

M-H Federal Com

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Wildcat - Morrow

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

Sec. 10, 22S, 24E

12. COUNTY OR PARISH 13. STATE

Eddy

NM

1. OIL WELL ☐ GAS WELL ☒ OTHER ☐

2. NAME OF OPERATOR *Chama Pet.*
Nearburg Producing Company

3. ADDRESS OF OPERATOR

P.O. Box 31405

Dallas, Texas

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)

See also space 17 below
At surface

1640' FSL & 1170' FEL

14. PERMIT NO.

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

3921.7' GL

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.)

Although the existing 9 month extension granted by Mr. Bob Pitschke for the drilling of this well has not yet expired, we do not intend to drill this well. Please cancel our APD and return it to us.

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

SIGNED

TITLE

Land Manager

DATE

2/4/86

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

Post ID-2
2-21-86
Exp. INT.

*See Instructions on Reverse Side