

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE  
(Other instructions on reverse side)

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

45F  
JP

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		RECEIVED	5. LEASE DESIGNATION AND SERIAL NO. NM-15862
2. NAME OF OPERATOR Great Western Drilling Company		JUN 13 1991	6. IF INDIAN, ALLOTTEE OR TRIBE NAME -----
3. ADDRESS OF OPERATOR P.O. Box 1659, Midland, TX 79702		O. C. D. ARTESIA OFFICE	7. UNIT AGREEMENT NAME -----
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 760' FSL & 900' FEL of Section 4, T-6-S, R-25-E Unit P, SE 1/4 SE 1/4			8. FARM OR LEASE NAME Quail Federal
14. PERMIT NO. API #30-00562802			9. WELL NO. 8
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3,989' GR (3,998' RT)			10. FIELD AND POOL, OR WILDCAT Pecos Slope Abo
			11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 4, T-6-S, R-25-E
			12. COUNTY OR PARISH Chaves
			13. STATE NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) _____	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

- 05/17-19/91: Flowing to cleanup.
  - 05/21/91: S.I. 70 hrs., 660 SITP & 680 SICP.
  - 05/29/91: S.I. 286 hrs., 740 SITP & 770 SICP.
- Now waiting on Potential & Gas Connection.

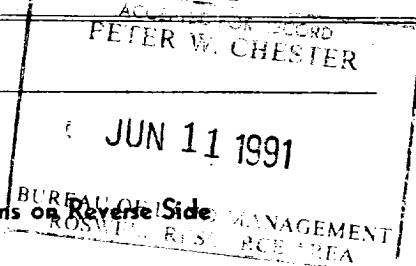


18. I hereby certify that the foregoing is true and correct  
SIGNED M.A. Meyer TITLE Asst. to Gen. Supt. DATE 06-06-91

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:



\*See Instructions on Reverse Side