Drawer DD
Artesia, NM 88210

Form 3160-5
(November 1983)
(Formerly 9-331)

# UNITED STATES
# DEPARTMENT OF THE INTERIOR
## BUREAU OF LAND MANAGEMENT

RECEIVED BY
SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)
JUN 27 1984
O. C. D.
ARTESIA, OFFICE

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

5. LEASE DESIGNATION AND SERIAL NO.
LC 067849

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
None

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
~~Hegwer Federal~~

9. WELL NO.
Paul Hegwer #1

10. FIELD AND POOL, OR WILDCAT
Empire Yates Seven Rivers

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
35-17S-27E

12. COUNTY OR PARISH
Eddy

13. STATE
N.M.

## 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
Hegwer Drilling Co. 6-1243

3. ADDRESS OF OPERATOR
506 Clayton St. Artesia N.M. 88210

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface 360' from North line - 990' from West line
Sec. 35 - Township 17S - Range 27E - County Eddy
Empire Yates Seven Rivers

14. PERMIT NO.

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

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

| NOTICE OF INTENTION TO: | | | | SUBSEQUENT REPORT OF: | | | |
|---|---|---|---|---|---|---|---|
| TEST WATER SHUT-OFF | ☐ | PULL OR ALTER CASING | ☐ | WATER SHUT-OFF | ☐ | REPAIRING WELL | ☐ |
| FRACTURE TREAT | ☐ | MULTIPLE COMPLETE | ☐ | FRACTURE TREATMENT | ☐ | ALTERING CASING | ☐ |
| SHOOT OR ACIDIZE | ☐ | ABANDON* | ☐ | SHOOTING OR ACIDIZING | ☐ | ABANDONMENT* | ☐ |
| REPAIR WELL | ☐ | CHANGE PLANS | ☐ | (Other) Spud & completion | | | ☒ |
| (Other) | | | | (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.)*

Drilled to 412 - Pipe set at 401
Cemented with 300 gal. acid

Post. ND-3
7-13-84
Dg. Well Transf

Change Well Name: From: Malco #1
To: Paul Hegwer #1

18. I hereby certify that the foregoing is true and correct
SIGNED Paul Hegwer TITLE Operator DATE

ACCEPTED FOR RECORD
(This space for Federal or State office use)
APPROVED BY GWQ TITLE DATE
CONDITIONS OF APPROVAL, IF ANY:
JUN 22 1984

Carlsbad NEW MEXICO

*See Instructions on Reverse Side