

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil & Gas
811 S. 1st
Artesia, NM

FORM APPROVED
Budget Bureau No. 1004-0135

Expires: March 31, 1993

5. LEASE DESIGNATION AND SERIAL NO.
NM 26874

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Berry "28" Fed. Com. 2

9. API Well No.

30-015-29334

10. Field and Pool, or Exploratory Area

Logan Draw, Morrow

11. County or Parish, State

Eddy, New Mexico

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or 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

Nearburg Producing Company

3. ADDRESS AND TELEPHONE NO.

3300 N. "A" Street, Bldg. 2, Suite 120 Midland, TX 79705

4. LOCATION OF WELL (Footage, Sec., T., R., M., or Survey Description)

1,650' FSL and 1,650' FWL, Section 28, T17S, R27E

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

TYPE OF SUBMISSION

☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

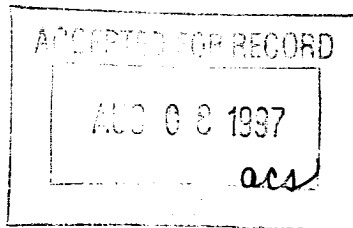
TYPE OF ACTION

☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other: Reperf and Acidize
☐ 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.)

Reperforated 9,290' - 9,324' with 4 JSPF. Acidized 9,290' - 9,324' with 2,000 gals 10% HCl.
Return well to production.



RECEIVED
1997 AUG - 1 A 10: 06
BUREAU OF LAND MGMT.
ROSWELL OFFICE

14. I hereby certify the foregoing is true and correct

SIGNED

TITLE Manager of Drilling and Production

DATE

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

Conditions of approval, if any: