

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

N.M. Cons. Division  
811 S. 1st Street  
Artesia, NM 88210-2834  
FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993  
c/sf

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

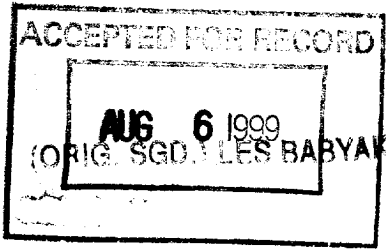
SUBMIT IN TRIPLICATE

1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. NM 18831
2. Name of Operator Nearburg Producing Company	6. If Indian, Allottee or Tribe Name N/A
3. Address and Telephone No. 3300 North A Street, Building 2, Suite 120, Midland, Texas 79705 (915) 686-8235	7. If Unit or CA, Agreement Designation 24774
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 960' FSL and 760' FWL, Section 3, T16S, R28E	8. Well Name and No. Crow Flats 3 Federal #1
	9. API Well No. 30 015 30706
	10. Field and Pool, or Exploratory Area Diamond Mound, Morrow
	11. County or Parish, State Eddy County, New Mexico

12. CHECK APPROPRIATE BOX(es) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA		
TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other Surface casing and cement	<input type="checkbox"/> 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.)\*

Spud well at 0200 hrs 08/03/99. Drilled to 350'. C&C hole. RU and ran 8 jts 13-3/8", 48#, HC, STC casing. Set casing at 350'. Cement casing using 350 sxs cement plus additives. Circ 20 sxs cmt to surface. WOC 18 hrs. Cut off csg and weld on wellhead. NU BOPE and test.



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

Signed <u>Kim Stewart</u>	Title <u>Regulatory Analyst</u>	Date <u>08/04/99</u>
(This space for Federal or State office use)		
Approved by _____	Title _____	Date _____
Conditions of approval, if any:		

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.