

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING
OFFICE FOR INSTRUCTIONS
OF COPIES RE (other instructions on reverse side)

MM Roswell District
Modified Form No.
MMGO-3160-4

dsf

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		RECEIVED	
2. NAME OF OPERATOR Harcorn Oil Company		3a. Area Code & Phone No. 505/677-2360	
3. ADDRESS OF OPERATOR P.O. Box 38, Loco Hills, NM 88255		DEC 19 '89	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FEL & 1980' FNL		O. C. O. ARTESIA, OFFICE	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3905' GR	
7. UNIT AGREEMENT NAME		8. FARM OR LEASE NAME J.L. Keel "B"	
9. WELL NO. 9		10. FIELD AND POOL, OR WILDCAT Grayburg Jackson	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 5-T17S-R31E		12. COUNTY OR PARISH Eddy	
		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"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other) <u>Restart well</u>	<input checked="" type="checkbox"/>
(Other)	<input type="checkbox"/>	(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.)

Began pumping well 11/29/89.

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

SIGNED <u>Bernard Gould</u>	TITLE <u>Manager</u>	DATE <u>12/15/89</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side