

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE  
(Other instructions on  
reverse side)

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

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		JAN 30 1991		5. LEASE DESIGNATION AND SERIAL NO. NM-19418	
2. NAME OF OPERATOR Barbara Fasken		O. C. D. ARTESIA, OFFICE		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 303 W. Wall, Suite 1900, Midland, Texas 79701-5116		687-1777		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 Unit D, 660' FNL & 660' FWL, Sec. 28, T-20-S, R-25-E				8. FARM OR LEASE NAME Feil Federal	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3526 G.L.		9. WELL NO. 1	
				10. FIELD AND POOL, OR WILDCAT Cemetery (Morrow)	
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 28, T-20-S, R-25-E	
				12. COUNTY OR PARISH Eddy	
				13. STATE New Mexico	

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 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) <input 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.) \*

- 12-20-90 thru 01-02-91
1. Perforated additional morrow pay as follows: 9527-32', 9514-24', 9494-9504', 9470-74', 9458-61', 9436-38', 9431-33', 9341-45', 9329-32', 9311-15', 9292-94', 9270-75', 9263-66', 9155-61' and 9133-43', with 2 JSPF.
  2. Swabbed well and flare tested to pit.
  3. Put on line to NGPL.

RECEIVED  
JAN 24 10 05 AM '91  
CARRIZO  
AREA  
ENGINEERS

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

SIGNED C. Lynn Smith

TITLE Engineering Assistant

DATE 01-21-91

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

\*See Instructions on Reverse Side