

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLI
(Other Instructions
Reverse Side)

Budget Bureau No. 1004-0117
Expires August 31, 1985

3. LEASE DESIGNATION AND SERIAL NO.

NM25488

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Foster 31 Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Cemetery Atoka, North

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Section 31-T19S-R25E

12. COUNTY OR PARISH

Eddy

13. STATE

NM

1. OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

Nearburg Producing Company

3. ADDRESS OF OPERATOR

P. O. Box 31405, Dallas, Texas 75231-0405

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below.)
At surface

1,980' FWL & 600' FSL

14. PERMIT NO.

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

3,575' KB

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

change of lease name

(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.)*

Change of lease name from Foster Federal Well No. 1 to Foster 31 Federal Well No. 1.

RECEIVED

JUL 13 '90

C. C. D.
ARTESIA, OFFICE

RECEIVED
JUL 9 8 44 AM '90
CARTER
AREA

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

SIGNED

Mildred Benjamin

TITLE Production Analyst

DATE 7/5/90

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side