Form 3160-5
(November 1983)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

(Other instructions on reverse side)

Expires August 31

5. LEASE DESIGNATION AND
NM0473362

6. IF INDIAN, ALLOTTEE OR

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.)

7. UNIT AGREEMENT NAME
None

1. OIL WELL ☐ GAS WELL ☒ OTHER

8. FARM OR LEASE NAME
DWU

2. NAME OF OPERATOR
Reeves County Systems, Inc.

9. WELL NO.
4

3. ADDRESS OF OPERATOR
P.O. Box 152, Odessa, Texas 79760

RECEIVED
MAR 16 '89
O. C. D.
ARTESIA, OFFICE

10. FIELD AND POOL, OR WILDCAT
Winchester-Wolfcamp

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface
800' FSL & 2000' FEL

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Unit O, Sec. 34, 19-S

14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH	13. STATE
Letter Dated 11-26-79	GL-3298'	Eddy	N.M.

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	☐	PULL OR ALTER CASING	☐	WATER SHUT-OFF	☐	REPAIRING WELL	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐	FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐	SHOOTING OR ACIDIZING	☐	ABANDONMENT*	☐
REPAIR WELL	☐	CHANGE PLANS	☐	(Other)			
(Other) Change in Operator				(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.)*

Former Operator:

Hillin Production Company
P.O. Box 152
Odessa, Texas 79760

ACCEPTED FOR RECORD
MAR 10 1989
CARLSBAD, NEW MEXICO

RECEIVED
MAR 9 11 53 AM '89

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

SIGNED J. D. Hillin TITLE President DATE

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side