

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM OIL CONS COMMISSION
Drawer DD
Artesia, NM

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

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

5. Lease Designation and Serial No.
NM86028
6. If Indian, Allottee or Tribe Name
7. If Unit or CA, Agreement Designation
SCR 451
8. Well Name and No.
Lake McMillan Federal #1
9. API Well No.
30015-23422
10. Field and Pool, or Exploratory Area
East Lake McMillan Wolfcamp
McMillan Southwest Atoka
11. County or Parish, State
Eddy County, NM

FEB 11 1994

1. Type of Well
 Oil Well Gas Well Other

2. Name of Operator
Barbara Fasken

3. Address and Telephone No.
303 W. Wall, Suite 1900, Midland, TX 79701 915-687-1777

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
1450' FSL & 150' FEL
Unit I, Sec. 30, T19S, R27E

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

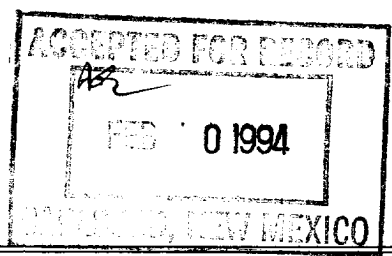
TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other <u>Commingle downhole</u>
	<u>Wolfcamp & Atoka</u>
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<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.)*

Wolfcamp perfs 7870-96'
Packer @ 9383'
Atoka @ 9436-40'

1-5-94
Perforated 2-3/8" tubing w/5 shots @ 9318'.
Swabbed well to unload fluid.
Put well on line at 45 MCFPD; prior rate 20 MCFPD.



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

Signed Carl Brown Title Petroleum Engineer Date 1-25-94

(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.