

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL
(Other instructions
verse side)

TE-
re

Bridge Bureau No. 1001-011
Expires August 31, 1985

45F

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"/>	SEP 26 10 20 AM '90 RECEIVED CARBONATE AREA OFFICE OCT 11 '90 O. C. D. ARTESIA OFFICE	5. LEASE DESIGNATION AND SERIAL NO. NM25488
2. NAME OF OPERATOR Nearburg Producing Company ✓		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 823085, Dallas, Texas 75382-3085		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 1,980' FSL and 710' FWL		8. FARM OR LEASE NAME Foster 31 Federal
		9. WELL NO. 2
		10. FIELD AND POOL, OR WILDCAT Dagger Draw, North Upper Pennsylvanian
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 31-T19S-R25E
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3,572.0' GR	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:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	Activity <input checked="" 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.) *

8/28/90: Spud well @ 11:00 PM, 8/28/90. Drilled 14-3/4" hole to 1345'.
9/01/90: Ran 32 joints (1345') of 36#, J-55, LT&C casing. Cemented w/1200 sacks Howco Lite and 200 sacks Premium Plus. Drilled 8-3/4" hole to 8110'.
9/19/90: Ran 198 joints (8110') of 7", 23# and 26#, K-55 and N-80 casing. Cemented first stage with 650 sacks Howco Lite and 175 sacks Class "H". Cemented the second stage with 925 sacks Howco Lite and 100 sacks Class "C" Neat. Circulated 25 sacks first stage and 150 sacks on second stage. DV tool @ 4450'. WOC.

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

SIGNED Michelle Sycum

TITLE Production Secretary

DATE 9/24/90

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side