

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN THE VICINITY
(Other instructions on reverse side)

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

5. 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.

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

12. COUNTY OR PARISH 13. STATE

Eddy

NM

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.)

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Nearburg Producing Company

3. ADDRESS OF OPERATOR

P. O. Box 823085, Dallas, Texas 75382-3085

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

14. PERMIT NO.

API 30-015-26440

15. ELEVATIONS (Show whether DL, DT, GR, etc.)

3572.0' GR

O. C. D.
ARTESIA OFFICE

SEP 24 1991

RECEIVED

OCT 31 11 57 AM '90

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)

Run pump

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(Note: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATION (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.)

10/24/90 Pull tubing. Run REDA submersible pump (DN-1750).

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

SIGNED

Michelle Byrum

TITLE

Production Secretary

DATE

10/29/90

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side