

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE  
(Other instructions on reverse side)

Budget Bureau No. 1004-715  
Expire August 31, 1995  
30-05-24730

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"/>	DATE MAY 10 1991	5. LEASE DESIGNATION AND SERIAL NO. NM-23002
2. NAME OF OPERATOR Woodbine Petroleum, Inc.	O. C. D. ARTESIA OFFICE	6. IF INDIAN, ALLOTTEE OR TRIBE NAME N/A
3. ADDRESS OF OPERATOR 1445 Ross Avenue, Suite 3660 LB 234, Dallas, Texas 75202		7. UNIT AGREEMENT NAME N/A
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2540 feet FNL and 2310 feet FEL Sec. 11, T. 19 S., R. 31 E., NMPM Jt. G		8. FARM OR LEASE NAME Hudson Federal
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3586 GR	9. WELL NO. 3
		10. FIELD AND POOL, OR WILDCAT Shirley V. SR - 8-6 Undesignated
		11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA Sec. 11, T. 19 S., R. 31 E., NMPM
		12. COUNTY OR PARISH Eddy
		13. STATE N.M.

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"/>		<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) Change well location	<input checked="" type="checkbox"/>		<input 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.)

Permit approved with well location being 2310 feet FNL and 2310 feet FEL Sec. 11, T. 19 S., R. 31 E., Eddy County, NM

Change well location to 2540 feet FNL and 2310 feet FEL, same section.

Post ID-1  
5-17-91  
Amend Doc.

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

SIGNED <i>W. J. Hamilton</i>	TITLE Agent	DATE 5/3/91
(This space for Federal or State office use)		
APPROVED BY <i>W. J. Hamilton</i>	TITLE <i>W. J. Hamilton</i>	DATE 5/9/91
CONDITIONS OF APPROVAL, IF ANY:		

\*See Instructions on Reverse Side