

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate
(Other instructions on
reverse side)

Subject Bureau Form 1000-0100
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NN-0560353

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 ☒ GAS WELL ☐ OTHER ☐	RECEIVED
2. NAME OF OPERATOR Great Western Drilling Co.	JAN 12 1992
3. ADDRESS OF OPERATOR P.O. Box 1659, Midland, Texas 79702	U. C. D. ARTESIA OFFICE
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1650' FNL & 1750' FWL, Unit F	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, OR, etc.) 3387.8 GL

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Mabel Hale Federal

9. WELL NO.

7

10. FIELD AND POOL, OR WILDCAT

Shuggart Pool (Yates 7R-Q) Graybu

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 11-T19S-R30E

12. COUNTY OR PARISH 13. STATE

Eddy

NM

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

X

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)

(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.)

Notice to change proposed production casing size from 5½ to 4½, 10.5#

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

SIGNED

K. W. Smith

TITLE Division Superintendent

DATE 12-20-91

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE 1/6/92

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side