

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRII
(Other instruction
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Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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"/>		RECEIVED OCT 25 1991 O. C. D. ARTESIA OFFICE		5. LEASE DESIGNATION AND SERIAL NO. NM-0560353	
2. NAME OF OPERATOR Great Western Drilling Co.				6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Box 1659, Midland, TX 79702				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 330' FNL & 860' FWL, Unit D				8. FARM OR LEASE NAME Mabel Hale Federal	
				9. WELL NO. 4	
				10. FIELD AND POOL, OR WILDCAT Shugart Queen	
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 11-T19S-R30E	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, OR, etc.) 3389' GL, 3400' KB		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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) Potential well <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.)*

Notice of intention to run potential test on the subject well. Test will commence at 9:00 AM, 10/8/91.

RECEIVED
OCT 7 8 53 AM '91
CARLISLE DISTRICT
AREA OFFICE

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

SIGNED [Signature] TITLE Permian Div. Superintendent DATE 10/4/91

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 10/24/91
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side