

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division
311 S. 1st St.
Albuquerque, NM 87102-2834

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

CLSP

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

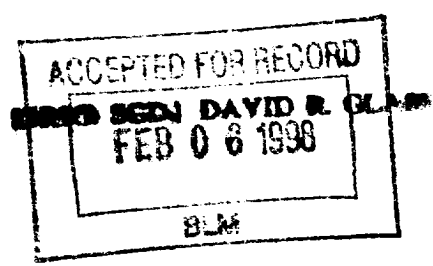
SUBMIT IN TRIPLICATE

1. Type of Well <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other Injection Well	5. Lease Designation and Serial No. NM-67102
2. Name of Operator St. Mary Land & Exploration - CMC	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. P.O. Box 2726, Midland, TX 79702-2726 915-688-0700	7. If Unit or CA, Agreement Designation Parkway Delaware Unit
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1485' FNL and 1485' FEL, Unit Letter G Section 35-T19S-R29E	8. Well Name and No. Parkway Delaware Unit #304
	9. API Well No. 30-015-29503
	10. Field and Pool, or Exploratory Area Parkway Delaware
	11. County or Parish, State Eddy County, NM

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA		
TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input checked="" type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Dispose Water
(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)		

13. 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.)*

(See attached Drilling Report for pertinent details)



14. I hereby certify that the foregoing is true and correct		
Signed <u>[Signature]</u>	Title <u>Regulatory Coordinator</u>	Date <u>1/27/98</u>
(This space for Federal or State office use)		
Approved by _____	Title _____	Date _____
Conditions of approval, if any:		

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

BLM
U. S. DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
ROSWELL, NM

JUN 30 1998

RECEIVED