

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division
311 S. 1st
Alameda, NM 88210-2839

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

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 <u>Injection Well</u>	5. Lease Designation and Serial No. <u>NM-54865</u>
2. Name of Operator <u>St. Mary Land & Exploration Company</u> <u>c/o Coastal Management Corporation</u>	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. <u>P.O. Box 2726, Midland, Texas 79702-2726</u> <u>915-688-0700</u>	7. If Unit or CA, Agreement Designation <u>Parkway Delaware Unit</u>
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) <u>Section 35, T19S, R29E</u> <u>1330' FNL & 180' FEL, Unit Letter H</u>	8. Well Name and No. <u>Parkway Delaware Unit #205</u>
	9. API Well No. <u>30-015-30026</u>
	10. Field and Pool, or Exploratory Area <u>Parkway Delaware</u>
	11. County or Parish, State <u>Eddy County, New Mexico</u>

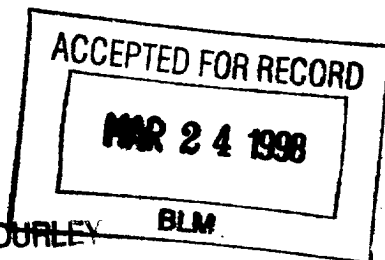
12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other <u>Cementing</u>
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<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



(ORIG. SGD.) GARY GOURLEY

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

Signed

Title

Regulatory Coordinator

Date

3/12/98

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any: