

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

MW PETROLEUM CORPORATION

3. Address and Telephone No.

3300 North "A" St., Suite 8220, Midland, Texas 79705 (915)683-6511

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Unit Letters F; 1650' FNL & 1650' FWL of Section 11,
T-22-S, R-23-E Eddy County, New Mexico

5. Lease Designation and Serial No.

NM0251099A

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Smith Federal Well #1

9. API Well No.

30-015-10567

10. Field and Pool, or Exploratory Area

Indian Basin-Upper Penn

11. County or Parish, State

Eddy Co., New Mexico

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

TYPE OF SUBMISSION

- ☒ Notice of Intent
☐ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other Install Buried Fiberglass
☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

Tank

(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.)*

Install buried fiberglass tank to catch water condensation from glycol dehydration.
Tank has inner compartment with outer liner for leak detection.

RECEIVED
DEC 30 10 53 AM '92
OFFICE OF THE
CARTER
AREA

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

Signed

Title

Dist Production Manager

Date

12/25/92

(This space for Federal or State office use)

Approved by

(ORIG. SGD.) DAVID R. GLASE

Title

PERMISSION ENGINEER

Date

APR 21 1993

Conditions of approval, if any: