(June 1990)	DEPARTME	TITED STATES OF THE I	NTERIOR Fra	REDEAN.	10. 1004 0135	
Do not use this form for	ORY NOTICES	S AND REPOR	<i>9_{47.}</i> RTS ON W ELL	a different re-	5. Lease Designation and Serial No. NM-13635 6. If Indian, Allottee or Tribe Name na	
		T IN TRIPLIC			7. If Unit or CA, Agreement Designation	
I. Type of Well Oil X Gas Well X Well Oth			—— (1)		na na	
2. Name of Operator West		orporation 🗸 MAY 2		MAY 2 0 19	8. Well Name and No. Cowden Federal No.1 9. API Well No.	
3. Address and Telephone No.	Box 226/	- Hobbs, NM	88241 OL	CON.	30-015-20025	
4. Location of Well (Footage, Sec., T.,	Description)	00241 - 3	DIST, 2	10. Field and Pool, or Exploratory Area		
		c. 4, T21S,		Golden Lane Strawn 11. County or Parish, State		
2 CHECK APPRO	PRIATE BOX	(s) TO INDICA	ATE NATURE	OF NOTICE	Eddy County, New Mexi	
TYPE OF SUBMISS	SION	(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF ACTION				
Notice of Intent			Abandonment			
Subsequent Report			Recompletion Plugging Back		Change of Plans New Construction Non-Routine Fracturing	
Final Abandonment Notice			Casing Repair		Water Shut-Off	
			Altering Casing Other	Well work	Conversion to Injection Dispose Water (Note: Report results of multiple completion on Well	
give subsurface locations and me. 1-4-96	Moved in all tubi milled o Mr. Sham set @ 10 perfs @ future d	pulling ur ng. Unable n well unti non Shaw, E ,135' in th 11,226' thr ate from 10	nit - found e to clean w 1 1-30-96. Engr., to pr ne interest ru 11,248'.	tubing part well to pack Was grante oduce curre of maintair Recognizir	completion or Recompletion Report and Log form.) of starting any proposed work. If well is directionally drilled, ted. Attempted to recover ker @ 11,170'. Fished and ed verbal authorization by ent Strawn perf with packer ring production from Strawn ng well to be plugged at	
1-31-96	Circulate	Packer & tubing run back in hole w/packer set @ 10,135'. Circulated hole w/treated water & pressured up on annulus to 500#. Held steady for 30 minutes.				
2-1-96	Swabbing		(See Attach	ment)	5JS 6	
I hereby configuration foregoing is true. Signed Ba (This space of Federal or State office of	rbara Wolfe	Title	Office	Manager		
Approved by		Tide			Date	