

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL
(Other instructions on re-verse side)

Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM-12828

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

SHELBY-FEDERAL

9. WELL NO.

4

10. FIELD AND POOL, OR WILDCAT
McKittrick Hills Upper
Penn (Gas)

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 12-T22S-R24E

12. COUNTY OR PARISH 13. STATE

EDDY

NEW MEXICO

1. OIL WELL ☐ GAS WELL ☐ OTHER ☒ Re-entry

2. NAME OF OPERATOR

Nearburg Producing Company

3. ADDRESS OF OPERATOR

P. O. Box 31405 - Dallas, TX 75231

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

1980' FNL & 1980' FEL

MAY 18 1987

O. C. D.

38617 ARTESIA, OFFICE

14. PERMIT NO.

15. ELEVATIONS (Show whether Dr., AT, OR, etc.)

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other) Activity

(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.)*

Well is shut in pending further evaluation to examine results from previous work.

ACCEPTED FOR RECORD

MAY 8 1987

575
CARLSBAD, NEW MEXICO

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

SIGNED

J.R. McDaniel

TITLE Engineering Manager

DATE 5/6/87

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side