

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRI. DATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.
6. LEASE DESIGNATION AND SERIAL NO.

SUNDRY NOTICES AND REPORTS ON WELLS

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

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR NRM PETROLEUM CORPORATION		8. FARM OR LEASE NAME Golden Federal	
3. ADDRESS OF OPERATOR 900 Bldg. of the Southwest Midland, TEXAS, OFFICE		9. WELL NO. 1	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 910' FNL, 660' FWL Approx. 18 mi. NE of Carlsbad, NM		10. FIELD AND POOL, OR WILDCAT Golden Lane 2	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, CR, etc.) 3352.6' GL	
		12. COUNTY OR PARISH Eddy	13. STATE NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		

SUBSEQUENT REPORT OF:

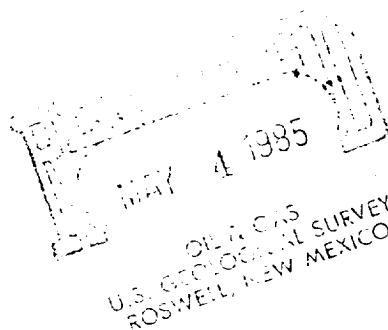
WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input checked="" type="checkbox"/>
(Other)	<input type="checkbox"/>		

(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.)*

CIBP set @ 11,070' w/6 sx cmt. on top of plug
Plug #1 from 6723'-6420' w/90 sx
Plug #2 @ 5025' w/30 sx
Plug #3 from 4090'-3940' w/30 sx
Plug #4 @ 1380' w/275 sx.
Circ. approx. 5 sx into cellar.

Plugging operations completed 1-29-81



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

SIGNED Ollie Hurst TITLE Production SuperintendentDATE 2-17-81

(This space for Federal or State office use)

APPROVED BY Bela W. Chester TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

NOV 30 1982

FOR

JAMES A. GILLHAM *See Instructions on Reverse Side
DISTRICT SUPERVISOR