

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

2151

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER Re-entry and Deepen                                      | 5. LEASE DESIGNATION AND SERIAL NO.<br>NM12828                             |
| 2. NAME OF OPERATOR<br>Nearburg Producing Company   | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                                       |
| 3. ADDRESS OF OPERATOR<br>P.O. Box 31405, Dallas, Texas 75231   | 7. UNIT AGREEMENT NAME   |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.<br>See also space 17 below.)<br>At surface<br>2310' FSL & 960' FEL Section 11 | 8. FARM OR LEASE NAME<br>McKittrick Fed Com                                |
| 14. PERMIT NO.  | 9. WELL NO.<br>1   |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br>4016' GR  | 10. FIELD AND POOL, OR WILDCAT<br>McKittrick Fed Com Und. Morrow           |
|   | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>Sec. 11, T-22-S, R-24E |
|   | 12. COUNTY OR PARISH<br>Eddy   |
|   | 13. STATE<br>New Mexico  |

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

| NOTICE OF INTENTION TO: |                          | SUBSEQUENT REPORT OF: |                          |
|-------------------------|--------------------------|-----------------------|--------------------------|
| TEST WATER SHUT-OFF     | <input type="checkbox"/> | WATER SHUT-OFF        | <input type="checkbox"/> |
| FRACTURE TREAT          | <input type="checkbox"/> | FRACTURE TREATMENT    | <input type="checkbox"/> |
| SHOOT OR ACIDIZE        | <input type="checkbox"/> | SHOOTING OR ACIDIZING | <input type="checkbox"/> |
| REPAIR WELL             | <input type="checkbox"/> | (Other)               | <input type="checkbox"/> |
| (Other)                 | <input type="checkbox"/> |                       |                          |
| PULL OR ALTER CASING    | <input type="checkbox"/> | REPAIRING WELL        | <input type="checkbox"/> |
| MULTIPLE COMPLETE       | <input type="checkbox"/> | ALTERING CASING       | <input type="checkbox"/> |
| ABANDON*                | <input type="checkbox"/> | ABANDONMENT*          | <input type="checkbox"/> |
| CHANGE PLANS            | <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.) \*

8-26-88 Rigged up Peterson Drilling Company Rig #4. Drilled surface plug. Tested surface casing to 1,000 P.S.I. for 30 minutes. Rigged up M.&M. rental tools, test blind rams, pipe rams and hydrill to 1500 P.S.I. for 30 minutes. Tested choke manifold for 30 minutes. All held pressure.

8-27-88 Drilled cement plugs.

8-28-88 Drilling new hole with 7 7/8" bit.

RECEIVED

SEP 21 12 00 PM '88

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

SIGNED Eddie J. Schuch

TITLE Operations Coordinator DATE 9-19-88

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

ACCEPTED FOR RECORD  
DATE \_\_\_\_\_

SEP 27 1988

SJS

\*See Instructions on Reverse Side

CARLSBAD, NEW MEXICO