

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division
811 S. 1st Street
Artesia, NM 88210-2834

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

Kerr-McGee Corporation

3. Address and Telephone No.

NAOR-MT601

405/270-6023

P. O. Box 25861, Oklahoma City, OK 73125

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

**1650' FSL & 2075' FWL
Sec. 30, T21S, R24E**

5. Lease Designation and Serial No.

NM 025235-A

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

SW-258

8. Well Name and No.

Martha Creek #3

9. API Well No.

30-015-29002

10. Field and Pool, or Exploratory Area

Indian Basin Morrow Gas

11. County or Parish, State

Eddy Co., NM

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 **Perforate**

☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

(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.)*

9-13-96 Perforate 9210-9285'. Morrow

9-23-96 Flow test well at average rate of 520 MCFD.

RECEIVED

OCT 23 1996

**OIL CON. DIV.
DIST. 2**

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

Signed **G. G. Bunas**

Title **Regulatory Specialist**

Date **9-23-96**

(This space for Federal or State office use)

Approved by _____
Conditions of approval, if any:

Title _____

Date _____