

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP DATE
(Other instructor re-
verse side)

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

458

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 ☐ GAS WELL ☒ OTHER ☐

2. NAME OF OPERATOR
W. A. Moncrief, Jr.

3. ADDRESS OF OPERATOR
400 Metro Bldg, 119 N. Colorado, Midland, Texas 79701

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
1907' FNL & 553' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
4643 gd, 4660.5 KB

RECEIVED

MAY 19 1992

5. LEASE DESIGNATION AND SERIAL NO.
NM 29203

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Guadalupe Federal

9. WELL NO.
1

10. FIELD AND POOL, OR WILDCAT
Baldridge Canyon Morrow

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
section 22, T24S, R24E

12. COUNTY OR PARISH
Eddy

13. STATE
New Mexico

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) Production test	<input checked="" 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 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.)*

(1) Operator plans to production test this well through a test separator with back pressure to confirm the well's ability to produce under pipeline conditions as required by paragraph three of your letter dated May 1, 1992.

(2) The gas is not sour and will be flared during testing operations.

(3) The BLM will be notified when this test is to occur so they can witness the testing if they so desire.

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

SIGNED Dewey E. Sherman

TITLE Exploration Manager

DATE May 8, 1992

(This space for Federal or State office use)

APPROVED BY David A. Glass

TITLE

DATE 5-15-92

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side