

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
Artesia, NM 88210

95F
Expires August 31, 1985

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 ☐		5. LEASE DESIGNATION AND SERIAL NO. NM-18495
2. NAME OF OPERATOR Callaway Production Co., Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 205 Wilco Building, Midland, Texas 79701		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State regulations. See also space 17 below.) At surface 467' FSL & 660' FEL SE/4 SE/4 Unit Letter P		8. FARM OR LEASE NAME Phillips Federal
14. PERMIT NO.		9. WELL NO. -1-
15. ELEVATIONS (Show whether DE, TO, GR, etc.) 2929' G.R., 2963' K.B.		10. FIELD AND POOL, OR WILDCAT Wildcat - Delaware
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 20 T24S R29E		12. COUNTY OR PARISH Eddy
13. STATE N.M.		

RECEIVED BY
FEB 24 1986
O. C. D.
ARTESIA, OFFICE

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	☐	WATER SHUT-OFF	☐
FRACTURE TREAT	☐	REPAIRING WELL	☐
SHOOT OR ACIDIZE	☐	ALTERING CASING	☐
REPAIR WELL	☐	ABANDONMENT*	☐
(Other)	☐	(Other) Spudding	☒

(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.) *

Spudded at 3:00 AM 6/10/84

ACCEPTED FOR RECORD

SWD
FEB 20 1986

CARISPAD, NEW MEXICO

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

SIGNED *[Signature]* TITLE President DATE 2/14/86

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side