

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

PERMIT IN FULL
OTHER INSTRUCTIONS
verse side)

1. LEASE DESIGNATION AND SERIAL
NM-17574

dsf

SUNDRY NOTICES AND REPORTS ON WELLS

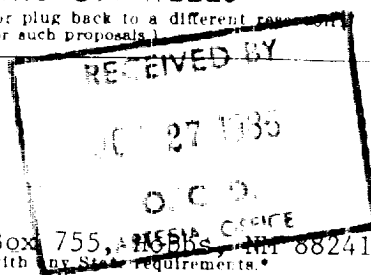
(Do not use this form for proposals to drill or to deepen or plug back to a different formation.
Use "APPLICATION FOR PERMIT" for such proposals.)

1. ☒ OIL WELL ☒ GAS WELL ☐ OTHER

2. NAME OF OPERATOR
H & W Oil Corporation, Inc.

3. ADDRESS OF OPERATOR
c/o Oil Reports & Gas Services, Inc. Box 755, AMES, NM 88241

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface 1980' FSL & 660' FWL of Section 11



5. UNIT AGREEMENT NAME

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. FARM OR LEASE NAME
Fasken Federal

8. WELL NO.
1

9. FIELD AND POOL OR WILDCAT
SW Sulphate Delaware

10. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 11 T25S R26E

11. COUNTY OR PARISH
Eddy

12. STATE
NM

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3360 GR

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF	PULL OR ALTER CASING
FRACTURE TREAT	MULTIPLE COMPLETION
SHOOT OR ACIDIZE	ABANDON*
REPAIR WELL	CHANGE PLANS
(Other)	

WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREATMENT	ALTERING CASING
SHOOTING OR ACIDIZING	ABANDONMENT*
(Other) Returned to Production	X

(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.)

Returned well to producing status 10/2/86.

ACCEPTED FOR RECORD

[Signature]

OCT 20 1986

CARLSBAD, NEW MEXICO

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

SIGNED *[Signature]*

TITLE Agent

DATE 10/6/86

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side