|   |  | ~                                   |                              |                                       |  | dSF                                    |
|---|--|-------------------------------------|------------------------------|---------------------------------------|--|--|
| Ja OIL Arth. (<br>Dresor p.   |  |                                     |                              |                                       |  |  |
|   | VALUESICN  |                                     | OEIVED                       |                                       |  |  |
| Form 3 160-50512, NE (June 1990)  | 1. 6. 11   | red states                          |                              | 1                                     | FORM APPROVED  |  |
| (June 1990)   | DEPARTMEN  | T OF THE INTERIOR                   | S                            | 7                                     | Budget Bureau No. 1004-01<br>Expires: March 31, 1993                             | 135                                    |
|   | BUREAU OF I  | LAND MANAGEMEN                      | т 8 ао Ап З                  | 12                                    | 5. Lease Designation and Serial N  | 0.                                     |
| SU  |  | AND REPORTS ON                      |                              |                                       | NM-LC-060122   |  |
| Do not use this form  | for proposals to dr                                  |                                     | ntry to a different          | ent reservoir.                        | 6. If Indian, Allottee or Tribe Nar  | me                                     |
|   | SUBMIT IN TRIPLICATE                                 |                                     |                              |                                       | 7. If Unit or CA, Agreement Desi   | ignation                               |
| I. Type of Well   |  |                                     | APR 2                        | 1992                                  |  |  |
| 2. Name of Operator   | Other  |                                     | <del>0. C. (</del>           |                                       | 8. Well Name and No.   |  |
| Nearburg Produci  | ng Company   | •<br>•                              | 1815.91                      |                                       | Scoggin Draw 27 Fe   | deral #1                               |
| 3. Address and Telephone No.  | ing company  |                                     |                              |                                       | 9. API WEII NO.  |  |
| P. O. Box 823085  | , Dallas, Texa                                       | s 75382-3085                        | (214) 739-                   | 1778                                  | 10. Field and Pool, or Exploratory   | Area                                   |
| 4. Location of Well (Footage, See<br>To amend well loo                    |  |                                     | Amondod 1                    |                                       | Undesignated Morro   | W                                      |
| 1980' FEL & 660'  |  |                                     |                              |                                       | 11. County or Parish, State  |  |
| New Mexico  |  | , , , 10 0, 11                      | ., L, Ludy (                 | ouncy,                                | Eddy County New  | Mavias                                 |
| 12. CHECK APE   | BOPRIATE BOX   |                                     |                              |                                       | Eddy County, New<br>T, OR OTHER DATA   | Mexico                                 |
| TYPE OF SUB   |  |                                     |                              |                                       | I, OR OTHER DATA   |  |
| Notice of Inter   |  |                                     |                              | PE OF ACTION                          | <b>F</b>   |  |
| Notice of Inter   | ie   |                                     |                              |                                       | X Change of Plans  |  |
| Subsequent Re   | port   |                                     | ng Back                      |                                       | New Construction   |  |
|   |  |                                     | ÷                            |                                       | Water Shut-Off   |  |
| Final Abandon   | ment Notice  |                                     | g Casing                     |                                       | Conversion to Injection  |  |
|   |  | X Other                             | Location Am                  | endment                               | Dispose Water<br>(Note: Report results of multiple comple                        | ·'                                     |
| 13 Describe Proposed or Complete  | d Operations (Clearly state al                       | Leader and the Marca State          |                              |                                       | Campletion or Recompletion Report and<br>iny proposed work. If well is direction | 11 on form )                           |
| give subsurface locations a   | and measured and true vertic                         | al depths for all markers and zor   | ies pertinent to this wo     | ork.)*                                |  |  |
|   |  |                                     |                              |                                       | n for Permit to Dr   |  |
| of Section 27 T-  | TOP THE SCOGG  | in Draw 27 Feder<br>Eddy County New | al#1 Wella<br>Mexico N       | at a locatio                          | on of 1330'FEL & 60<br>ducing Company here                                       | 60'ENL                                 |
| amends the above  | location and n                                       | ow intends to dr                    | ill said we                  | ll at a loca                          | ation of 1980'FEL a  | and                                    |
| 660'FNL of said s   | ection. We ha  | ve not changed t                    | he well nam                  | e because th                          | his will be the fi   | rst                                    |
| well on this spac   | ing unit. No   | construction or                     | operations                   | have been co                          | ommenced to date.  | Attached                               |
| is the required a   | rch survey, to                                       | po map and locat                    | ion plat.                    | No other cha                          | anges are hereby ma  | ade.                                   |
|   |  |                                     |                              |                                       |  |  |
|   |  |                                     |                              |                                       |  |  |
|   |  |                                     |                              |                                       |  |  |
|   |  |                                     |                              |                                       |  |  |
|   |  |                                     |                              |                                       |  |  |
|   |  |                                     |                              |                                       |  |  |
|   |  |                                     |                              |                                       |  |  |
|   |  |                                     |                              |                                       |  |  |
|   |  |                                     |                              |                                       |  |  |
| 14. I hereby certify that the forego                                      | ing is true and correct                              |                                     |                              | · · · · · · · · · · · · · · · · · · · |  |  |
| Signed Signed   | Bob Shelt  | on                                  | Manager                      |                                       | 4/23/92  |  |
| (This space for Federal or State  | office use)  | . i <sup>s</sup>                    |                              |                                       |  |  |
| Approved by   | If M. Mer  | D Title                             |                              | · · · · · · · · · · · · · · · · · · · | Date4/2,4/   | 92                                     |
| Conditions of approvals if any:   | n mal  | 1 A 3                               | ten fast ka <u>tter fi</u> t |                                       |  | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ |
| oc p c  | ner mj   |                                     |                              |                                       |  |  |
| Title 18 U.S.C. Section 1001, make<br>or representations as to any matter | s it a crime for any person within its jurisdiction. | knowingly and willfully to make     | to any department or a       | gency of the United St                | tates any false, fictitious or frauduler   | nt statements                          |
|   |  | *See Instruction of                 | on Reverse Side              |                                       |  | <u> </u>                               |
|   | I  |                                     |                              |                                       |  |  |
|   |  |                                     |                              |                                       |  |  |