

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0135
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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM-62578
2. NAME OF OPERATOR Luther W. McNeely		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR Corporate Center, Suite 714 P. O. Box 64419, Lubbock, Texas 79464		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1850' FSL and 790' FEL		8. FARM OR LEASE NAME Sage Creek
14. PERMIT NO.		9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, OR, etc.)		10. FIELD AND POOL, OR WILDCAT
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 3, T22N-R8W
		12. COUNTY OR PARISH NM
		13. STATE NM

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) <input 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 checked="" type="checkbox"/> Reclamation	

(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.)*

8/29/87

The reclamation action referenced in your letter of August 3, 1987 has been completed and the location is ready for inspection.

RECEIVED
SEP 14 1987
OIL CON. DIV.
DIST. 3

ACCEPTED FOR RECORD

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

SIGNED Luther W. McNeely TITLE Operator

DATE 9-1-87
SEP 10 1987

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE
FARMINGTON RESOURCE AREA
FARMINGTON, NEW MEXICO

BY ah

*See Instructions on Reverse Side

NMOCC