

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M.
311 S. 1st S
Artesia, NM

Division
FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993
Lease Designation and Serial No.
NM-95630

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT-" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other	6. If Indian, Allottee or Tribe Name
2. Name of Operator Nearburg Producing Company	7. If Unit or CA, Agreement Designation
3. Address and Telephone No. 3300 North A Street, Building 2, Suite 120, Midland, Texas 79705 (915) 686-8235	8. Well Name and No. Crow Flats 10 Federal #1
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 2,310' FNL and 1,310' FEL, Section 10, T16S, R28E	9. API Well No. 30-015-30168
	10. Field and Pool, or Exploratory Area Wildcat
	11. County or Parish, State Eddy County, New Mexico

JUN 1 1993
RECEIVED
OCD - ARTESIA

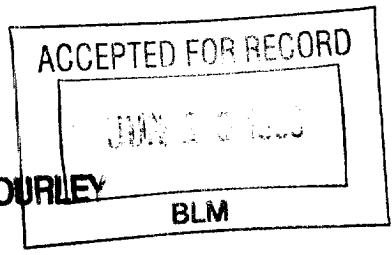
12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA		
TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other Surface casing and cement	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)*

Drilled to 320'. C&C hole. RU and ran 8 jts 13-3/8" 68#, J55, STC csg. Set csg at 320'. Cement csg using 650 sx cmt plus additives. Cement fell back 73' and regained circulation while cementing. Cemented to surface. WOC 18 hrs, cut-off csg & weld on wellhead. NU BOPE and test.

(ORIG. SGD.) GARY GOURLEY



14. I hereby certify that the foregoing is true and correct		
Signed <i>[Signature]</i>	Title Manager of Drilling and Production	Date 5/18/93
(This space for Federal or State office use)		
Approved by _____	Title _____	Date _____
Conditions of approval, if any:		

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

311 S 1st

Artesia

210-290

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1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

Nearburg Producing Company

3. Address and Telephone No.

3300 North A Street, Building 2, Suite 120, Midland, Texas 79705 (915) 686-8235

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

2,310' FNL and 1,310' FEL, Section 10, T16S, R28E

5. Lease Designation and Serial No.

NM-95630

6. If Indian, Allottee or Tribe Name

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Crow Flats 10 Federal #1

9. API Well No.

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Wildcat

11. County or Parish, State

Eddy County, New Mexico

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TYPE OF SUBMISSION

- ☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other Intermediate casing and cement

- ☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)*

Drilled to 1,987'. C&C hole. RU and ran 50 jts 8-5/8" 32#, J55, STC csg. Set csg at 1,987'. Cement csg using 500 sx cmt plus additives. Circ 120 sx cmt to surface. WOC 18 hrs, cut-off csg & weld on wellhead. NU BOPE and test.

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

Signed F. Orest Kewitz Title Manager of Drilling and Production

Date 5/18/98

(This space for Federal or State office use)

Approved by _____
Conditions of approval, if any:

Title _____

Date _____

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*See Instruction on Reverse Side