

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT  
(Other side,  
reverse side,

LOCATE  
on re-

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 ☐ GAS WELL ☒ OTHER ☐

2. NAME OF OPERATOR  
Nearburg Producing Company

3. ADDRESS OF OPERATOR  
P.O. Box 31405 Dallas, TX 75231

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface

1980' FNL & 1980' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, CR, etc.)  
3502.78' GL

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Hilliard Gulf Federal Cor

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Cemetery Morrow

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

SEC 35-T19S-R25E

12. COUNTY OR PARISH

Eddy

13. STATE

NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON\*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

(Other) Well Potential Test

(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.)\*

11/15/88 RU swabbing unit. Swabbed 4 hrs. Recovered 26 BW with good gas blow.

11/16/88 12 hr. SIP 280#. Swabbed 65 BW with good gas blow.

11/17/88 12 hr. SIP 250#. Swabbed 75 BW with strong gas blow.

11/18/88 12 hr. SIP 560#. Swabbed 9½ hrs. Fluid level at seating nipple. RD swab unit. RU well tester.

11/19/88 - 11/21/88 Potential test: 8/64" choke, 50# FTP, 36 MCFD

ACCEPTED FOR RECORD

DEC 12 1988

CARLSBAD NEW MEXICO

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

SIGNED

T.R. MacDonald

TITLE Engineering Manager

DATE 11/21/88

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side