

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA
HOBBS

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. N.M. 0328425
2. NAME OF OPERATOR EP Operating Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 6 Desta Drive, Suite 5250, Midland, TX 79705-5510		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 510' FNL, 1980' FEL, Section 27, T8S, R36E		8. FARM OR LEASE NAME N. M. (55) Federal #2
14. PERMIT NO. API 30-41-00208		9. WELL NO. 2
15. ELEVATIONS (Show whether DF, RT, GR, etc.)		10. FIELD AND POOL, OR WILDCAT Vada Penn
		11. SEC., T., R., M., OR BLK. AND SUBVY OR AREA Sec. 27, T8S, R36E
		12. COUNTY OR PARISH Roosevelt
		13. STATE NM

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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 checked="" type="checkbox"/>
(Other) <input type="checkbox"/>	

(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.)*

The surface reclamation is complete and ready for inspection.



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APR 31 10 03 AM '92
LAND MGMT DISTRICT

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

SIGNED S. D. Reed TITLE Production Superintendent DATE 4/30/92

(This space for Federal or State office use)

APPROVED BY Robert S. [Signature] TITLE Assistant Field Manager, Lands And Minerals DATE 11/23/15

CONDITIONS OF APPROVAL, IF ANY:

DEC 03 2015

*See Instructions on Reverse Side

Accepted for Record Only
MSB/OCD 12/2/2015