

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING  
OFFICE FOR N 1  
OF COPIES REQUIRED  
(Other instructions on re-  
verse side)

BH Roswell District  
Modified Form No.  
NM60-3160-4

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"/>		3a. Area Code & Phone No. (806) 763-2252		5. LEASE DESIGNATION AND SERIAL NO. NM 03318	
2. NAME OF OPERATOR Davcro, Inc.				6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 2124 Broadway, Lubbock, Texas 79401				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 1980 FSL & 660 FEL				8. FARM OR LEASE NAME Gulf Federal	
14. PERMIT NO. API- 30-02531469		15. ELEVATIONS (Show whether DP, RT, GR, etc.) 3928 GR		9. WELL NO. 5	
				10. FIELD AND POOL, OR WILDCAT Sawyer San Andres (Assoc.)	
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 29, T9s, R38E	
				12. COUNTY OR PARISH Lea	
				13. STATE NM	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
RIPOUT OR ACIDIZER <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>
(Other) Run Pipe		(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.)

Plan to run 5-1/2 15.5# casing 12/16/91

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

SIGNED <u>David Turrentine</u>	TITLE <u>President</u>	DATE <u>12-15-91</u>
(This space for Federal or State approval)		
APPROVED BY <u>David Turrentine</u>	TITLE <u></u>	DATE <u>3.6.92</u>
CONDITIONS OF APPROVAL, IF ANY:		

\*See Instructions on Reverse Side