

UNITED STATES N. M. OIL CONS. COMMISSION  
DEPARTMENT OF THE INTERIOR P.O. BOX 1980  
BUREAU OF LAND MANAGEMENT HOBBS, NEW MEXICO 88240

Form approved  
Budget Bureau No. 1004-1  
Expires August 31, 1985  
LEASE DESIGNATION AND SERIAL  
NM 0328425 - SW-568  
IF INDIAN ALLOTTEE OR TRIBE AND

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"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR EP Operating Company		8. FARM OR LEASE NAME N. M. (55) Federal	
3. ADDRESS OF OPERATOR 6 Desta Drive, Suite 5250, Midland, TX 79705-5510		9. WELL NO. 2	
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, Sec. 27, T8S, R36E		10. FIELD AND POOL OR WILDCAT Vada Pennsylvanian	
14. PERMIT NO. API #300-41-00208		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 27, T8S, R36E	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4081' GR		12. COUNTY OR PARISH Roosevelt	
		13. STATE New Mexico	

16. 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 COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

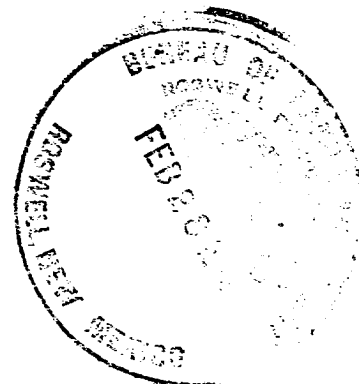
(Other) Test Wolfcamp Formation X

(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.) \*

Work scheduled to be performed March 6, 1989:

It is proposed to set a retrievable bridge plug at 9600'. The Wolfcamp will be perforated and tested at 9024'-9038'. If this section is not productive, the upper Wolfcamp from 9054'-9984' will be tested.



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

SIGNED A. D. L. L.

TITLE Production Superintendent

DATE Feb. 27, 1989

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_

TITLE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

APPROVED	
PETER W. CHESTER	
DATE	
MAR 1 1989	
BUREAU OF LAND MANAGEMENT ROSWELL RESOURCE AREA	

\*See Instructions on Reverse Side