

UNITED STATES N. M. OIL SONS COMMISS
DEPARTMENT OF THE INTERIOR BOX 1980
BUREAU OF LAND MANAGEMENT HOBBS, NEW MEXICO 88240

Budget Bureau No. 1004-1
Expires August 31, 1985
5. LEASE DESIGNATION AND SERIAL

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	8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR Milford Oil Company	9. WELL NO. Federal
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FSL & FWL Section 27, T-7-S, R-33-E	10. FIELD AND POOL OR WILDCAT #1
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)
	12. COUNTY OR PARISH Roosevelt
	13. STATE NM

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

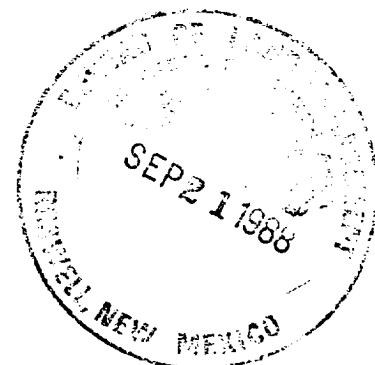
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	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 checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input 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.) *

Well has been plugged & abandoned, pits covered, location cleaned, dead mem removed.

Well is ready for final inspection.



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

SIGNED Gene Milford TITLE owner DATE 9/19/88

(This space for Federal or State office use)

APPROVED BY John E. Crum TITLE Supr. Min. Res. Spec. DATE 5/8/89

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side