

N. M. OIL CONS. COMMISSION
UNITED STATES P. O. BOX 1980
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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. NM 57708
2. NAME OF OPERATOR MWJ PRODUCING COMPANY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME ---
3. ADDRESS OF OPERATOR 400 W. Illinois - Suite 1100 Midland, Texas 79701	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' FNL & 760' FWL of Section 26	8. FARM OR LEASE NAME MWJ 26 Federal
14. PERMIT NO.	9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4072' GL	10. FIELD AND POOL, OR WILDCAT Vada - Pennsylvanian
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 26, T-8S, R-36E
	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:

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 type="checkbox"/>
(Other) <u>Spud, surface casing</u> <input checked="" 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.)*

10/25/87: Spud 17-1/2" hole @ 3:30 AM
10/26/87: Ran 13-3/8" 48# casing & set @ 415'. Cemented w/Halliburton using 400 sx Premium w/2% CaCl. PD @ 3: PM 10/25/87, circulated cement to surface (approximately 100 sx). Tested BOP's & casing to 1000 psi, held OK.

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

SIGNED Pat Drexler

TITLE Pat Drexler - Agent

DATE 10/27/87

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

