

UNITED STATES N. M. OIL CONSERVATION COMMISSION
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
HOBBS, NEW MEXICO 88240

OFFICE OF THE DIRECTOR
Hobbs, New Mexico
Hobbs, New Mexico
Hobbs, New Mexico

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. Agent's Name & Phone No. (505) 293-4044	5. LEASE DESIGNATION AND SERIAL NO. NM 15677A
2. NAME OF OPERATOR Petroleum Development Corporation		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 9720 B Candelaria N.E. Albuquerque, NM 87112		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 660' FSL & 1980' FWL of Sec. 25		8. FARM OR LEASE NAME Strange Federal
14. PERMIT NO.	15. ELEVATIONS (Show whether OF, RT, GR, etc.) 4399' GR	9. WELL NO. 5
		10. FIELD AND POOL, OR WILDCAT Tomahawk-San Andres
		11. SEC., T., R., M. OR BLK. AND SURVEY OR AREA Sec. 25, T7S, R31E
		12. COUNTY OR PARISH Chaves
		13. STATE NM

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"/>

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) Horizontal drill

(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.)

1. Set CIBP @ 4034'
2. Squeeze perforations above CIBP, drill out cement to top of CIBP.
3. Mill out 5 1/2" casing from approx. 3996' to 4026'.
4. Set cement kick off plug.
5. Drill 40' radii arc to 4044'.
6. Horizontally drill 270' ± from 4044' to 4080'.
(The horizontal hole will not be closer than 330' to any boundry of the 40 acre spacing tract.)



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

SIGNED [Signature] TITLE Production Manager

DATE 10-25-90

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

SUBJECT TO LIKE
APPROVAL BY STATE

DATE APPROVED
PETER W. CHESTER

NOV 1 1990

*See Instructions on Reverse Side

RECEIVED

NOV 05 1990

CCD
POST OFFICE