

UNITED STATES P. O. BOX 1930
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
N. M. OIL CONS. COMMISSION
(Other Instructions on Reverse Side)
NEW MEXICO 88240

Form approved.
Budget Bureau No. 1004-101
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM 19611/NM 55555

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

GRAHAM RESOURCES, INC.

3. ADDRESS OF OPERATOR

P O BOX 50127 MIDLAND, TX 79710-0127

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

2180' FSL & 660' FEL, SEC 27, T-15-S, R-27-E
NORTH OF LOCO HILLS, NM

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

McCLELLAN FEDERAL Com

9. WELL NO.

1

10. FIELD AND POOL OR WILDCAT

(CEDAR Pt) STRAWN

11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)

4071' GL, 4088' KB

12. COUNTY OR PARISH 13. STATE

CHAVES

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 ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
(Other) ☐

PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
ABANDON* ☐
CHANGE PLANS ☐

WATER SHUT-OFF ☐
FRACTURE TREATMENT ☐
SHOOTING OR ACIDIZING ☐
(Other) ☐ see below

REPAIRING WELL ☐
ALTERING CASING ☐
ABANDONMENT* ☐

(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.)*

intention to dig 6' by 6' by 3' deep pit with fence for paraffin cutting purposes
at well head upon your approval

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

SIGNED Jack S. Schaefer

TITLE Production Supt.

DATE 1/22/87

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

- The paraffin can not be buried on site, it must be disposed of at an approved location.
- The pit must be fenced & covered with a screen to protect livestock, birds & other wildlife.

*See Instructions on Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

APPROVED
PETER W. CHESTER

JAN 26 1987

BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA