

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM 04242

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Cockburn Fed.

9. WELL NO.

# 7

10. FIELD AND POOL, OR WILDCAT

Maljamar Grayburg S.A.

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

Sec 33-17S-33E

12. COUNTY OR PARISH

Lea

13. STATE

NM

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

M & W of Lovington, Inc.

3. ADDRESS OF OPERATOR

Box 922, Lovington, NM 88260

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

Unit # I 2310 FSL - 330 FEL SEC 33

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

GL 4091

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

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.) \*

Well was originally drilled and completed in both zones in 1956 by Barney Cockburn.

RECEIVED

APR 16 12 25 PM '90

CAR AREA 13

ACCEPTED FOR FILE  
AAR

APR 16 1990

RECEIVED  
APR 12 6 14 AM '90  
BUREAU OF LAND MGMT.  
HOBBS, N.M.

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

SIGNED

*Walter Muesp*

TITLE Vice President

DATE 4/12/90

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side