

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
Oil Cons. Division  
4025 N. French Dr.  
Hobbs, NM 88240

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

**SUNDRY NOTICES AND REPORTS ON WELLS**

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals

**SUBMIT IN TRIPLICATE**

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

Petroleum Development Corporation

3. Address and Telephone No.

9720-B Candelaria N.E. Albuquerque, NM 87112 (505)293-4044

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Sec. 5 T19S R32E, M. NMP 1980' FNL & 660' FEL

5. Lease Designation and Serial No.

NM 17435-A

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Shelly Federal #1

9. API Well No.

30-025-26901

10. Field and Pool, or Exploratory Area

Lusk; Bone Spring

11. County or Parish, State

Lea County, NM

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☐ Notice of Intent  
☒ Subsequent Report  
☐ Final Abandonment Notice

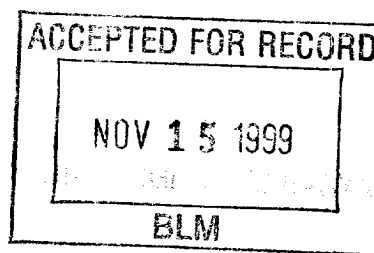
TYPE OF ACTION

- ☐ Abandonment  
☐ Recompletion  
☐ Plugging Back  
☐ Casing Repair  
☐ Altering Casing  
☒ Other Re-start production  
☐ Change of Plans  
☐ New Construction  
☐ Non-Routine Fracturing  
☐ Water Shut-Off  
☐ Conversion to Injection  
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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) Cleaned out casing and tubing
- 2) Moved pumpjack over from another location
- 3) 10-28-99 Well placed back on pumpjack to restart production pumping at this time.



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

Signed

Title Production Supervisor NM

Date 10-28-99

(This space for Federal or State office use)

Approved by

DISTRICT 1 SUPERVISOR

Conditions of approval, if any: ORIGINAL SIGNED BY G. R. WILLIAMS

DISTRICT 1 SUPERVISOR

Date NOV 19 1999