

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM 58941
2. NAME OF OPERATOR Nearburg Producing Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 31405, Dallas, Texas 75231		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' FSL & 1980' FWL, Sec. 1-T19S-R33E		8. FARM OR LEASE NAME Buffalo 1K Federal Com.
14. PERMIT NO. 30-025-30635		9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3767.5' GR		10. FIELD AND POOL, OR WILDCAT Quail Ridge Morrow N.
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 1-T19S-R33E
		12. COUNTY OR PARISH Lea
		13. STATE NM

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) Activity <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.)*

08/13/89: Reach TD of 13,563'.

08/14/89: Logging

08/15/89: Circulating and conditioning hole.

08/16/89: Ran 13,563' of 5-1/2" casing. DV tool set @ 8495'. Cemented first stage w/1100 sacks 50/50 Poz-mix. Cemented through DV tool w/875 Lite and tailed in with 150 sacks premium.

08/17/89: Ran temperature survey, top of cement @ 3700'.

08/18/89: WO completion rig.

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

SIGNED Eddie J. Schwick TITLE Operations Coordinator DATE 8/29/89

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

*See Instructions on Reverse Side

SEP 27 1989

SEP 24 1969
OCD
MOBBS OFFICE