

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
P.O. Box 1980
Hobbs, NM 88241

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 Injector

2. Name of Operator

Pioneer Natural Resources USA, Inc.

3. Address and Telephone No.

P. O. Box 3178, Midland, TX 79702 915/571-3937

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

450' FSL & 2050' FEL, UL 0, Sec. 29, T19S, R32E

5. Lease Designation and Serial No.

NMLC063586

6. If Indian, Allottee or Tribe Name

NA

7. If Unit or CA, Agreement Designation

Lusk West (Delaware) Uni

8. Well Name and No.

915Y

9. API Well No.

30-025-34269

10. Field and Pool, or Exploratory Area

Lusk Delaware, West

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

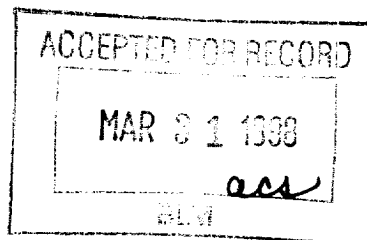
TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other Drilling Details
☐ 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.)*

See Attached Well Chronology Report.



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

Signed Jeanie Dodd

Title Engineering Tech

Date 3/24/98

(This space for Federal or State office use)

Approved by _____
Conditions of approval, if any:

Title _____

Date _____