

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP
(Other instructions
reverse side)

Form approved.
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 type="checkbox"/> OTHER <input checked="" type="checkbox"/> Dry Hole		5. LEASE DESIGNATION AND SERIAL NO. NM-63775
2. NAME OF OPERATOR Nearburg Producing Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O.Box 31405 Dallas, TX 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 660' FNL & 773' FWL of Section 7, T-17-S, R-38-E		8. FARM OR LEASE NAME Stillings 7D Federal
14. PERMIT NO. 30-025-30578		9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3728' GR		10. FIELD AND POOL, OR WILDCAT W. Garrett Devonian
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 7 T-17-S R-38-E
		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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) <input 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.)

4-14-89 Plugged well as follows:

Plug #1	100 sacks	12,850'
Plug #2	30 sacks	11,622'
Plug #3	30 sacks	10,285'
Waited 5 hours.	Tagged @	10,285'
Plug #4	30 sacks	8,918'
Plug #5	30 sacks	4,810'
Waited 5 hours.	Tagged @	4,810'
Plug #6	30 sacks	510"
Plug #7	10 sacks	surface

Set dry hole marker.

RECEIVED
JUN 15 6 37 AM '89
CONFIDENTIAL

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

SIGNED Eddie Belovich TITLE Operations Coordinator DATE 6-14-89

(This space for Federal or State office use)

APPROVED BY Shirley J. Shaw FOR TITLE FOR DATE 6-27-89
CONDITIONS OF APPROVAL, IF ANY:

Approved as to plugging of well and
licensing under and master of land
surface restoration is completed.

*See Instructions on Reverse Side