

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

N.M. OIL CO.  
P.O. BOX 1980  
HOBBS, NEW MEXICO 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 <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. <b>NM-10787</b>
2. Name of Operator <b>Highland Production Company</b>	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. <b>810 N. Dixie Blvd., Suite 202, Odessa, Texas 79761-2838</b>	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) <b>660' FNL and 550' FWL, Unit Letter D Section 23, T-19-S, R-38-E</b>	8. Well Name and No. <b>Nadine Federal Well No. 1</b>
	9. API Well No. <b>30-025-26342</b>
	10. Field and Pool, or Exploratory Area <b>Nadine Drinkard Abo</b>
	11. County or Parish, State <b>Lea County, New Mexico</b>

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

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other <b>Additional Perfs and Acidize.</b>
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

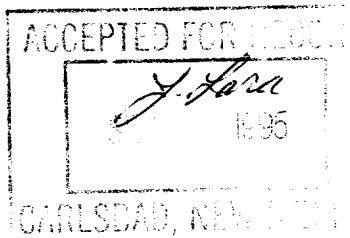
(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)\*

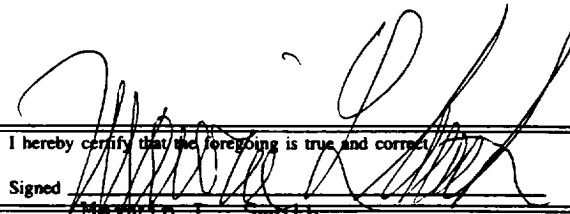
9/10/91 Re-perforate - 5535,36,37, 5763, 64, 65, 68, 69, 6389, 90, 91, 6750, 51, 52, 6906, 07, 08, 6928,29, 30, 6984,85, 86, 7008, 09, 10, 7034, 36, 37, 39, 7255, 57, 58, 7295, 96, 97, 7572, 74, 78, 79, 81.

Acidize with 647 bbls.

Put back on pump.



RECEIVED  
AUG 23 11 45 AM '95  
CARLSBAD, NM

14. I hereby certify that the foregoing is true and correct.		
Signed 	Title <b>President</b>	Date <b>August 21, 1995</b>
(This space for Federal or State Office use)		
Approved by _____	Title _____	Date _____
Conditions of approval, if any:		

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

\*See Instruction on Reverse Side