

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT TO BUREAU OF LAND MANAGEMENT  
(Other than on reverse side)

Budget Bureau No. 1004-013  
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM-51844

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 ☒ GAS WELL ☐ OTHER ☐
2. NAME OF OPERATOR  
Grover-McKinney Oil Company
3. ADDRESS OF OPERATOR  
P O Box 3666, Midland TX 79702
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.  
See also space 17 below.)  
At surface

990' FSL & 990' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3531' GR

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal

9. WELL NO.

4

10. FIELD AND POOL OR WILDCAT

West Teas Yates SR

11. SEC., T., E., M., OR BLE. AND SURVEY OR AREA

Sec 9, T20S, R33E

12. COUNTY OR PARISH

Lea

13. STATE  
New Mexico

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

Surface Casing

(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.)

Spud well @ 3 p.m. 5/27/88.

5/29/88 Ran 29 jts (1238' overall) 8 5/8" 24# ST&C casing. Cemented @ 1252' w/500 sx Halliburton Lite 1/4# flocele & 200 sx Premium Plus 2% Calc. Chl. Circulated 234 sx. Plug down @ 5:30 a.m. 5/29/88.

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

SIGNED

Carol Robbins

TITLE Agent

DATE June 6, 1988

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

JUN 7 1988

\*See Instructions on Reverse Side

CARLSBAD, NEW MEXICO