N.M. OIL CONS. COMMISSION P. BOX 1980 HORBS, NEW MEXICO 88240

UNITED STATES RECEIVED FORM APPROVED Form 3160-5 Budget Bureau No. 1004-0135 Expires: March 31, 1993 (June 1990) 5. Lease Designation and Serial No BUREAU OF LAND MANAGEM NMNM029029B SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or republic to a different reservoir.

Use "APPLICATION FOR PERMIT—" for such proposals. 6. If Indian, Allottee or Tribe Name 7. If Unit or CA, Agreement Designation SUBMIT IN TRIPLICATE i. Type of Well 8. Well Name and No. Well ☐ Gas Well On SIMS FEDERAL #1 2. Name of Operator 9. API Well No. **OPERATING** ZACHARY-OIL 30-025-2284600 3. Address and Telephone No 10. Field and Pool, or Exploratory Area 88231-1969/394-2150 PO BOX 1969, EUNICE, NEW MEXICO BRUNSON DRINKARD ABO, SOUTH 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 11. County or Parish, State 660' FNL & 1980' FEL SECTION 07 22S 38E LEA COUNTY, NEW MEXICO CHECK APPROPRIATE BOX(s)(TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 12. TYPE OF ACTION TYPE OF SUBMISSION Change of Plans Abandonment Notice of Intent **New Construction** Recompletion Non-Routine Fracturing Plugging Back Subsequent Report Water Shut-Off Casing Repair Conversion to Injection Altering Casing Final Abandonment Notice Dispose Water Other (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.) In compliance with your letter of September 27, 1994, we have established production on the above referenced lease. We put the lease on production on October 19, 1994 after a recompletion. PRODUCTION SUPERINTENDENT October 26, 1994 Title 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.

N.M. OIL CONS. COMMISSION P.O. BOX 1980 HOBBS, NEW MEXICO 88240

Form 3160-5 (June 1990)

UNITED STATES DEPARTMENT OF THE INTERIOR

RECEIVED

FORM APPROVED Budget Bureau No. 1004-0135 Expires: March 31, 1993

	LAND MANAGEMENT	5. Lease Designation and Serial No. NMNMO29029B
Do not use this form for proposals to dr	AND REPORTS ON WELLS 3 13 PM '94 ill or to deepen or reen and repaid ifferent reservoir. R PERMIT—" for such proposales BS. Nu MGMT.	6. If Indian, Allottee or Tribe Name
SUBMIT IN TRIPLICATE		7. If Unit or CA, Agreement Designation
1. Type of Well		
X Well Gas Other		8. Well Name and No. SIMS FEDERAL #1
2. Name of Operator - ZACHARY OIL OPERATING COMPANY 3. Address and Telephone No. 505- CO		9. API Well No. 30-025-2284600
PO BOX 1969, EUNICE, NEW MEXICO 88231-1969394-2150		10. Field and Pool, or Exploratory Area
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)		BRUNSON DRINKARD ABO, SOUT
660' FNL & 1980' FEL SECTION 7-22S-38E		11. County or Parish, State LEA COUNTY, NEW MEXICO
12. CHECK APPROPRIATE BOX	(s) TO INDICATE NATURE OF NOTICE, REPO	ORT, OR OTHER DATA
TYPE OF SUBMISSION	TYPE OF ACTION	
Notice of Intent	Abandonment	Change of Plans
_	Recompletion	New Construction
Subsequent Report	Plugging Back	☐ Non-Routine Fracturing ☐ Water Shut-Off
Final Abandonment Notice	Casing Repair Altering Casing	Conversion to Injection
L.J Final Abandonment Notice	Other	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 start ical depths for all markers and zones pertinent to this work.)*	ing any proposed work. If well is directionally drilled,
	n the request of your letter of	September 27, 1994,
	ction immediately to restore the	
We will acidize the peri	forations and put the well on p	ump as soon as we re-
ceive your approval.		
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14. I hereby certify that the foregoing is tool and correct Signed	Title PRODUCTION SUPERINTEND	ENT Date OCTOBER 17, 1994
(This space for Federal or State office use) Approved by	Tide STROLEUM ENGINEER	Date
Conditions of approval, if any:	on knowingly and willfully to make to any department or agency of the Uni	ted States any false, fictitious or fraudulent statements