

(JUNE 1999)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

N.M.I. OFFICE OF LAND MANAGEMENT

P.O. Box 1930  
Hobbs, NM 88241

FORM APPROVED

Budget Bureau No. 1004-0135

Expires March 31, 1993

5. Lease Designation and Serial No.

NM - 25465

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

MARY "A" FEDERAL #1

9. API Well No.

30-025-25473

10. Field and Pool, or Exploratory Area

WILDCAT MORROW

11. County or Parish, State

LEA CO., NEW MEXICO

## SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals of drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT ---" FOR PROPOSALS

## SUBMIT IN TRIPLICATE

## 1. Type of Well

☐ Oil Well ☐ Gas Well ☐ Other

## 2. Name of Operator

TOCOL L. C.

## 3. Address and Telephone No.

c/o OIL REPORTS &amp; GAS SERVICES, INC., P. O. BOX 755, HOBBS, NM, 88241, 505/393-2727

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

UNIT J SECTION 25, T23S, R33E 1980' FSL &amp; 1980' FEL

UNIT I SECTION 25, T23S, R33E 1980' FSL &amp; 660' FEL

## 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 type="checkbox"/> Change of Plans	
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction	
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing	
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off	
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection	
	<input checked="" type="checkbox"/> Other EXTENSION OF TIME	<input type="checkbox"/> Dispose Water	

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.)

REQUEST TWO WEEK EXTENSION.

APPROVED FOR 28 DAY PERIOD  
ENDING JUL 15 1999

VERBAL GIVEN BY BLM - DAVID GLASS

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

Signed

*David Glass*

Title

AGENT

Date

06/15/99

(This space for Federal or State office use)

Approved by

(ORIG. SGD.) DAVID R. GLASS

Title

PETROLEUM ENGINEER

Date

JUL 07 1999

Conditions of approval, if any: