

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE  
(Other instructions on reverse side)

88240

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM-02965-A  
NM-8594

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 ☒ Salt Water Disposal Well

2. NAME OF OPERATOR

CRW-SWD, Inc.

3. ADDRESS OF OPERATOR

P.O. Drawer 994, Midland, Texas 79702

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.  
See also space 17 below.)  
At surface

Sec. 15, T-26-S, R-33-E, Lea County, N.M.

660' FNL & 1710' FEL

14. PERMIT NO.

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

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Conoco Federal

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

Salado Draw Delaware

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 15, T-26-S, R-33-E

12. COUNTY OR PARISH 13. STATE

Lea

N.M.

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 ☐

Change of Operator ☒

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other)

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT\* ☐

(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.) \*

Change of Operator From: Coastal States Oil & Gas  
211 N. Robinson  
One Leadership Square  
Oklahoma, OK 73102

To: CRW-SWD, Inc.  
P.O. Drawer 994  
Midland, Texas 79702

RECEIVED

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

SIGNED Kala D. Schmidt

TITLE Agent

DATE 11-27-89

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

\*See Instructions on Reverse Side