

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division

P.O. Box 1980  
Hobbs, NM 88240

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

5. Lease Designation and Serial No.  
NMLC050107B

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Wills Federal #1

9. API Well No.

30-025-28499

10. Field and Pool, or Exploratory Area

Rhodes, Yates

11. County or Parish, State

Lea

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

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

MR Drilling Company

3. Address and Telephone No.

P.O. Box 687, Monahans, Texas 79756 (915)943-2501

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

D Sec. 34, T-26S, R-37E 330 FNL & 330 FWL

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

TYPE OF SUBMISSION

☐ Notice of Intent  
☒ Subsequent Report  
☐ Final Abandonment Notice

TYPE OF ACTION

☐ Abandonment  
☐ Recompletion  
☐ Plugging Back  
☐ Casing Repair  
☐ Altering Casing  
☐ Other \_\_\_\_\_  
☐ Change of Plans  
☐ New Construction  
☐ Non-Routine Fracturing  
☐ Water Shut-Off  
☒ Conversion to Injection  
☐ 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.)\*

10-23-96 COOH LD Production Equipment

10-31-96 Run 2" x 5 1/2" AD Pkr & 2" Tbg. Test Tbg to 5000#.  
Land pkr @ 3189'.

11-26-96 Line tbg with plastic liner. Circulate pkr fluid. Perform mechanical integrity test per requirements of NM OCD as witnessed by Mr. Charles Perrin of OCD (copy of test chart & NM OCD Administrative Order enclosed).

ACCEPTED FOR RECORD

DEC 11 1996

BLM

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

Signed

Title General Manager

Date 11/27/96

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any: