

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL
NOT ON INSTRUCTIONS ON RE
P. O. BOX
HOBBS, NM

Form approved,
Budget Bureau No. 1004-1
Expires August 31, 1985

LEASE DESIGNATION AND SERIAL

NM 37855

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 ☐ dry hole
2. NAME OF OPERATOR
Musselman, Owen & King Operating, Inc.
3. ADDRESS OF OPERATOR
507 N. Marienfeld, Suite 100 Midland, Texas 79701
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below)
At surface
1980' FNL and 330' FEL

7. UNIT AGREEMENT NAME
Jack Tank "6" Federal

8. FARM OR LEASE NAME

9. WELL NO.

1

10. FIELD AND POOL OR WILDCAT

Wildcat

11. SEC. T. R. M. OR BLE. AND
SURVEY OR AREA

Sec. 6, T24S, R32E

14. PERMIT NO.
3002530691

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3582.7

12. COUNTY OR PARISH
Lea

13. STATE
NM

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*

Spudded

(NOTE: Report results of multiple completion on Well
Completion or Reconpletion 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 date 9-30-89, date of T.D. 10-5-89 at 4,855'.

Sonic and density logs ran, well was cored, inclination report enclosed.

8 5/8" casing set at 416' W/250 SX. CEMENT CIRCULATED.

Adm

RECEIVED
NOV 11 10 00 AM '89

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

SIGNED

G. Keith Parshel

TITLE

Prod. Secretary

DATE

11-16-89

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side