

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N. M. OIL CONS. COMMISSION
BOX 1980
HOBBS, NEW MEXICO 88240
FORM APPROVED
Expires: March 31, 1993

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 <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. NM-45706
2. Name of Operator MW Petroleum Corporation	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. 2000 Post Oak Blvd., Suite 100 Houston, TX 77056-4400 (713) 296-6000	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 600' & 1980' FEL of Section 34, T25-S, R35-E 660' FSL	8. Well Name and No. Federal "DD" #1
	9. API Well No. 30-025-27916
	10. Field and Pool, or Exploratory Area TALCO
	11. County or Parish, State Lea County, NM

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 checked="" type="checkbox"/> Subsequent Report	<input checked="" 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 type="checkbox"/> Other _____	<input type="checkbox"/> 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.)*

- 1) 12/17/93 MIRU UNIT.
- 2) 12/20/93 POOH & LD TBG.
- 3) 12/21/93 RUN CB/CCL/GR LOGS. DUMP 4 SKS CMT (TOTAL OF 16 SKS ON CIBP @ 12,050'). RUN BAKER 9 5/8" CIBP. SET @ 11,620'.
- 4) 12/22/93 DUMP 15 SKS CMT. RIH W/ TBG & LAND @ 8,950'. SPOT 850 GAL 15% HCL. POOH W/TBG.
- 5) 12/23/94 J PERF 9,896' - 8,920' W/2 SPF. RIH W/BAKER PKR. & SET @ 8,544'.
- 6) 12/27/93 SWAB 47 BW, NO OIL. NO FLUID ENTRY.
- 7) 12/28/93 PUMP 500 GAL 15% HCL, 2.1 BPM @ 1500#. SWAB, 55 BW.
- 8) 12/29/93 RECOVERED 1 BO, 11 BW.
- 9) 12/30/93 SWAB DRY. REL PKR. POOH. RIH W/302 JTS.
- 10) 12/31/94 RIG DOWN.

14 I hereby certify that the foregoing is true and correct

Signed Leah Semis Leonard Title Sr. Staff Reservoir Engineer Date 4-8-94

(This space for Federal or State office use)

Approved by _____ Title _____ Date May 10 1994
Conditions of approval, if any: