

**UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT**

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)
COMMISSIONER

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

457

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. L.C. 063622
2. NAME OF OPERATOR Cantro Exploration, Inc. ✓		6. IF INDIAN, ALLOTTEE OR TRIBE NAME --
3. ADDRESS OF OPERATOR 909 N.E. Loop 410, Ste-711, San Antonio, Texas 78209		7. UNIT AGREEMENT NAME --
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 330' FNL & 1650' FWL of Section (Unit C) (NE 1/4 NW 1/4)		8. FARM OR LEASE NAME TENNECO FEDERAL
14. PERMIT NO. 30-015-25325	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3511 GR 3516 KB	9. WELL NO. 3
		10. FIELD AND POOL, OR WILDCAT NORTH HACKBERRY Y-SR (EXT)
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 28, T19S, R31E
		12. COUNTY OR PARISH Eddy
		13. STATE N.M.

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) _____	

(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.)*

This notice is filled in conjunction with the completion report detailing the below operations performed on the well during completion stages.

Perforated well with 1 shot per foot as follows:
2331-32, 2335-38, 2343-51 & 2364-75. Acidized perfs, using a Halliburton PPI Packer, with 4000 gals. of 15% NEFE. Put well on pump to test interval. Well pumped approximately 10 bbls of oil during pump test. Went in hole with CIBP and set same at 2320'. Pressured up on casing to 1500# to test BP and held for 15 minutes. CIBP held fine.

ACCEPTED FOR RECORD

Handwritten Signature
DEC 23 1985

CARLSBAD, NEW MEXICO

RECEIVED BY
DEC 26 1985
O. C. D.
ARTESIA, OFFICE

18. I hereby certify that the foregoing is true and correct
SIGNED Robert M. Guen TITLE President DATE 11-11-85

(This space for Federal or State office use)
APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side