

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT INSTRUCTIONS ON REVERSE SIDE
LICENSING
Artesia, NM 88210

Form approved.
Budget Bureau No. 42-R1424
5. LEASE DESIGNATION AND SERIAL NO.

NM-14206

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Dry Hole Re-entry		6. IF INDIAN ALLOTTEE OR TRIBE NAME
2. NAME OF OPERATOR Ralph Nix Oil, Inc.		7. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR P. O. Box 440, Artesia, NM 88210		8. FARM OR LEASE NAME B & B Federal
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FNL 1980' FWL, Sec. 12 T-19-S,R-26-E, NMPM		9. WELL NO. #1
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT Wildcat
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3307.5 GL		11. SEC., T., E., M., OR BLE. AND SURVEY OR AREA Sec. 12, T-19-S,R-26-E
		12. COUNTY OR PARISH Eddy
		13. STATE NM

RECEIVED BY
APR 21 1987
ARTESIA, OFFICE

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 type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(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.)*

4/15/87

Back off 5 1/2" csg at 604' GL and POOH. RIH w/1307' 2" tbg. Pump 20 sx class c cement w/ 2% CACL per sx. Top of plug at 1110' GL. Pull tbg to 650' GL. Pumped 25 sx class c cement w/ 2% CACL per sx. Top of plug at 547' GL. Pulled tbg out of hole. Ran 1 jt tbg in hole, circ cement to surface, pulled jt out. Installed dry hole marker.

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

SIGNED

[Signature]

TITLE

President

DATE

4-15-87

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

4/20/87

Part ID-2
4-24-87
P+H