

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)

Expires August 31, 1985

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"/>		RECEIVED	5. LEASE DESIGNATION AND SERIAL NO. NM-01165
2. NAME OF OPERATOR TXO Production Corp. ✓		FEB 21 '90	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 415 West Wall, Suite 900, Midland, Texas 79701			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 1880' FNL & 660' FEL		ARTESIA, OFFICE	8. FARM OR LEASE NAME Yates Federal
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3265 GL, 3273 KB	9. WELL NO. 10
			10. FIELD AND POOL, OR WILDCAT Burton Delaware
			11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 18, T-20-S, R-29-E
			12. COUNTY OR PARISH Eddy
			13. STATE New Mexico

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <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.)
- 1-26-90 Spud 17 1/2" hole. TD 17 1/2" hole @ 283'. Run 6 jts, 13 3/8", 48#, H-40, ST&C csg, set @ 238'. Cmt w/280 sx Cl "C" 2% CaCl.
 - 1-27-90 WOC 14 1/2 hrs. Drilling 12 1/4" hole.
 - 1-28-90 thru 1-29-90 Drilling 12 1/4" hole.
 - 1-30-90 Run 28 jts, 9 5/8", 36#, ST&C csg; set @ 1217'. Cmt w/100sx thick-set, 3% CaCl, & 500 sx Howco Lt, 15% salt, 15% flocele & 300 sx Cl "C", 2% CaCl. WOC 12 hrs., Drilling 8 3/4" hole.
 - 1-31-90 thru 2-1-90 Drilling 8 3/4" hole.
 - 2-2-90 Run 74 jts. 23#, 7", K-55, ST&C csg. Set @ 3107'. Cmt w/400 sx Howco Lt, 6# salt, 1/4# flocele, .06% Halad 9, & 200 sx Cl "C" 2% CaCl. WOC 15 hrs.
 - 2-3-90 Drilling 6 1/4" hole.
 - 2-4-90 Drilling 6 1/4" hole. Cut 6 1/8" core sampl. 3245'-74'.
 - 2-5-90 Circ samp. Ream hole. TD 3404'.
 - 2-6-90 TOH w/DP. Run logs. Run 80 jts, 4 1/2", 10.5#, K-55, ST&C csg. Set @ 3404'. Cmt w/100 sx Cl "C" 50/50 poz, 5# salt, .03% Halad 4, .03% CFR-3. Set slips & cut off csg. Rel rig. WOC.
 - 2-7-90 thru 2-12-90 WOC TOC @ 2400'
 - 2-13-90 MIRU PU. Perf Delaware fr 3216'-26 (10 holes). Spot 200 G 7 1/2% NEFE acid. Displace @ 3 BPM. Swb back load.
 - 2-14-90 Swb perfs. Acidize w/1000G 15% NEFE & 15 BS's. Swb back load.
 - 2-15-90 Swb perfs.
 - 2-16-90 Frac Delaware via tbq w/9000G, 40#, X-Link Gel & 5200# 12-20 sd. SION.
 - 2-17-90 Swb perfs. Well KO flowing.
 - 2-18-90 thru 2-19-90 Flow & Testing Well.

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

SIGNED Jay Pulte Jay Pulte

TITLE Engineer

DATE 2/19/90

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side