

UNIT STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING  
OFFICE FOR NUMBER  
OF COPIES REQUIRED  
(Other instructions on reverse side)

BLM Roswell District  
Modified Form No.  
ND60-3160-4

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 checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. NM 0144 698
2. NAME OF OPERATOR Presidio Exploration, Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 3131 Turtle Creek Blvd., Ste. 400, Dallas, Texas 75219		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  1830 FNL & 1980 FEL		8. FARM OR LEASE NAME Superior Federal
14. PERMIT NO. 30-015-26590		9. WELL NO. 9
15. ELEVATIONS (Show whether OF, RT, OR, etc.) 3317 Ground		10. FIELD AND POOL, OR WILDCAT East Burton Flat
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 1, T20S, R29E
		12. COUNTY OR PARISH Eddy
		13. STATE NM

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"/>
FRACURE 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 PLANE	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other) Plug back	<input type="checkbox"/>		<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.) \*

6/28/91 Plugged off Atoka perforations to allow Strawn zone to flow up tubing to increase flow velocity and reduced liquid loading because of higher liquid rate than anticipated from Strawn. Set 1.81 blanking plug in seal nipple in 5-1/2" Lok-Set Packer at 10859'. Open sliding sleeve at 10845'. Atoka perforations 10961-966', 11041-048', and 11226-233' are shut-in. Strawn perforations 10624-672' and 10770-824' are producing thru tubing at 1411 MCFPD, 254 BCPD, 4 BWPD on 38/64" choke at 200# FTP and 400# SICP.

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

SIGNED Kim M. Elacate

TITLE DISTRICT ENGINEER

DATE 7/5/91

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

ACCEPTED FOR RECORD

DATE  
JUL 9 1991

\*See Instructions on Reverse Side

CARLSBAD, NEW MEXICO