DEPARTMENT OF THE INTERIOR _instructions on reverse side_
GEOLOGICAL SURVEY

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.)

5. LEASE DESIGNATION AND SERIAL NO. NM-4282	

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

1.
OIL WELL ☐   GAS WELL ☒   OTHER

7. UNIT AGREEMENT NAME

2. NAME OF OPERATOR

ENSERCH EXPLORATION, INC.

8. FARM OR LEASE NAME

FEDERAL 1-30 (Penn)

3. ADDRESS OF OPERATOR

909 S. MERIDIAN, SUITE 608, OKLAHOMA CITY, OKLAHOMA 73108

9. WELL NO.

1

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

10. FIELD AND POOL, OR WILDCAT

UTE DOME (PENN)

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

2180' FNL & 2300' FEL   SEC. 30, T32N, R13W

Sec. 30, T32N, R13W

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

K.B.-6435': G.L.-6423'

12. COUNTY OR PARISH SAN JUAN

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 ☐	PULL OR ALTER CASING ☐		
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐		
SHOOT OR ACIDIZE ☐	ABANDON* ☐		
REPAIR WELL ☐	CHANGE PLANS ☐		
(Other)			

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
(Other) COMPLETION OPERATIONS	☒

(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.) *

SHUT IN AWAITING PIPELINE CONNECTION

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

SIGNED _____ TITLE DISTRICT PROD. MANAGER DATE 6-13-78

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side