

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. NM 0557836-A
2. Name of Operator WILLOW CREEK RESOURCES, INC.	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. P. O. BOX 1309 MIDLAND, TX 79702 (915) 689-7211	7. If Unit or CA, Agreement Designation NM 061P35-87C418
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1980' FNL & 660' FEL OF SEC 13, T-9-S, R-33-E	8. Well Name and No. DESCHMIDT-FEDERAL #1
	9. API Well No. 30-025-24577 ✓
	10. Field and Pool, or Exploratory Area VADA (PENN)
	11. County or Parish, State LEA, NEW MEXICO

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input type="checkbox"/> Subsequent Report	<input checked="" type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input checked="" type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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) N U BOP, TOH. ^{35'} ~~575~~
- (2) SET CIBP @ 9600' W/CMT ON TOP
- (3) RUN LOGS
- (4) PERF ± 8800'
- (5) ACIDIZE BELOW TREATING PKR
- (6) TEST ZONE

RECEIVED
 FEB 4 10 55 AM '93
 CASE AREA

ATTACHMENT: WELL SCHEM.

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

Signed Chris G. Boschen Title PRESIDENT Date 2/2/93

(This space for Federal or State office use)

Approved by Orig. Signed by Sherman J. Shaw Title REGISTRAR OF DEEDS Date 2/9/93

Conditions of approval, if any:

RECEIVED

FEB 1 1993

OCD HOBBS OFFICE