

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE  
(Other instructions on reverse side)

Budget Bureau No. 1004-0115  
Expires August 31, 1985

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> <small>(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.)</small>		3. LEASE DESIGNATION AND SERIAL NO. <b>LC 030132 B</b>
1. <b>OIL WELL</b> <input checked="" type="checkbox"/> <b>GAS WELL</b> <input type="checkbox"/> <b>OTHER</b> <input type="checkbox"/>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
2. NAME OF OPERATOR <b>Euratex Operating Company</b>		7. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR <b>1801 Broadway, Suite 1200, Denver, CO 80202</b>		8. FARM OR LEASE NAME <b>Clossen "B"</b>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  <b>660' FSL &amp; 660' FWL, Sec 18-T22S-R36E</b>		9. WELL NO. <b>16</b>
14. PERMIT NO.	15. ELEVATIONS (Show whether DP, RT, GR, etc.) <b>DF 3600</b>	10. FIELD AND POOL, OR WILDCAT <b>Jalmat Yates SR</b>
		11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA <b>Sec 18-T22S-R36E</b>
		12. COUNTY OR PARISH 13. STATE <b>Lea NM</b>

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 COMPLETION <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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) Pressure Test Casing and TA <input checked="" 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.)\*

Proposed Work:

1. MIPU. Install BOP. Pull Rods and Tubing.
2. Run retrievable packer on tubing. Load hole with treated water.
3. Set packer at 3510'. (Perfs 3530' thru 3726')
4. Pressure test back side.
5. Pull tubing.
6. Run CIBP on tubing and set at 3510'.
7. Pull tubing.
8. Test casing to 500 psi for <sup>30</sup>15 min. Witness by BLM.
9. Install wellhead with 2 joints of tubing hanging. MOPU.
10. Clean location and leave well in TA'ed status.

Work to be completed within 60 days of receiving BLM approval.

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

SIGNED <u>JAWICE</u>	TITLE <u>Consulting Engineer</u>	DATE <u>12/28/93</u>
<small>(This space for Federal or State office use)</small>		
APPROVED BY <u>(ORIG. SGD.) JOE G. LARA</u>	TITLE <u>PETROLEUM ENGINEER</u>	DATE <u>1/25/94</u>
CONDITIONS OF APPROVAL, IF ANY:		

\*See Instructions on Reverse Side