

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLI
(Other instructions
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Form approved.
Budget Bureau No. 42-R1424.

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-18264
1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
2. NAME OF OPERATOR WARRIOR, INC.		7. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR 206 No. Main, Midland, Texas 79701		8. FARM OR LEASE NAME Federal
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 990' FNL & 330' FEL		9. WELL NO. 12
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT Eumont 7 Rivers Queen
15. ELEVATIONS (Show whether DF, RT, GR, etc.) KB 3591'; GL 3581'		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 27, T-20S, R-36E
12. COUNTY OR PARISH Lea		13. STATE N.M.

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"/> FRACTURE TREAT <input type="checkbox"/> SHOOT OR ACIDIZE <input type="checkbox"/> REPAIR WELL <input type="checkbox"/> (Other) Intention to Complete <input checked="" type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETE <input type="checkbox"/> ABANDON* <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/> FRACTURE TREATMENT <input type="checkbox"/> SHOOTING OR ACIDIZING <input type="checkbox"/> (Other) <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> ABANDONMENT* <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.)*

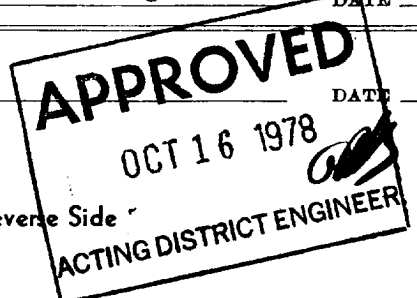
- MI & RU well servicing unit and install Blow Out Preventors
1. Perforate 1st. Seven Rivers zone 3180'-3641' (9 holes) set cast iron bridge plug at 3800'.
 2. Acidize with 1500 gallons 15% Acid. Swab back and test thru 2-3/8" tubing
 3. If productive of gas, sand frac with 25,000 gallons and 35,000# sand 100 ton CO₂
 4. Clean up and potential test well.

We will begin the work on Monday, October 16, 1978

18. I hereby certify that the foregoing is true and correct
 SIGNED *Herwith Freeman* TITLE Petroleum Engineer DATE 10/11/78

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
 CONDITIONS OF APPROVAL, IF ANY:



*See Instructions on Reverse Side