

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL  
(Other instructions  
verse side)

Form approved  
Budget Bureau N. 1004-  
Expires August 31, 1985

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  GAS WELL  OTHER

2. NAME OF OPERATOR  
Kirby Exploration Company of Texas

3. ADDRESS OF OPERATOR  
P. O. Box 1745 Houston, Texas 77251

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface  
660 feet from the north line and 660 feet west line

14. PERMIT NO. \_\_\_\_\_ 15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
3367.2' GR

5. LEASE DESIGNATION AND SERIAL  
NM-055655-8

6. IF INDIAN, ALLOTTEE OR TRIBE NAME \_\_\_\_\_

7. UNIT AGREEMENT NAME \_\_\_\_\_

8. FARM OR LEASE NAME  
Peterson Federal

9. WELL NO.  
1

10. FIELD AND POOL OR WILDCAT  
Brewster Drinkard - R-8542 2/1/88

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec 4 T23S R38E

12. COUNTY OR PARISH  
Lea

13. STATE  
NM

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 COMPLETE <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) _____                                  | (Other) _____                            |
| (Other) Add perforations <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.)\*

Set CIBP @ 6900'.  
 → Dump 35' cmt on CIBP<sub>SJS</sub>  
 Run CBL from PTBD - 6100'.  
 Perforate 6576'-6719'. Total 58 holes.  
 RIH with tubing and packer.  
 Acidize with 2000 gal. 7-1/2% HCl.  
 Swab test for hydrocarbon and frac if necessary.  
 Test for production.

RECEIVED  
 SEP 20 12 24 PM '87  
 OFFICE OF THE DIRECTOR  
 BUREAU OF LAND MANAGEMENT

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

SIGNED James [Signature] TITLE Regulatory Supervisor DATE 9-22-87

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE 10-9-87

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

**RECEIVED**

**OCT 12 1987**

**OCD  
HOBBS OFFICE**