

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985

3. LEASE DESIGNATION AND SERIAL NO. *215F*

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.)

RECEIVED

NO OIL
DRAWER

CONS. NM 43500N

INDIAN, ALLOTTEE OR TRIBE NAME

Artesia, NM 88210

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> DEC 01 1993 NOV 8 8 29 AM '93		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR SPENCE ENERGY COMPANY		8. FARM OR LEASE NAME Unocal Federal 23	
3. ADDRESS OF OPERATOR 4849 Greenville Ave., Ste. 381, Dallas, TX 75206		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 1650' FSL, 2305' FWL, Sec. 23-19S-30E		10. FIELD AND POOL, OR WILDCAT N. Hackberry - Yates, Seven Rivers	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 23-19S-30E	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3286 G.L. 3293 KB		12. COUNTY OR PARISH Eddy	
		13. STATE NM	

(Unit K)
(NESW)

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 checked="" type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <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.)*

Drill out cement from 1730' to T.D. of 1962'; fill hole from 1800' to 1962' with sand to protect lower perforations. Run 4 flush joint 11.4# liner from surface to 1800'.

Cement back to surface; shut in 24 hrs.; drill out shoe and circulate sand and put perforated interval 1810'-24' and 1868'-1888' on production.

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

SIGNED *[Signature]* TITLE L. O. Spence, President DATE 11-3-93

(This space for Federal or State office use)

APPROVED BY *[Signature]* TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: _____

*See Instructions on Reverse Side