

**UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY**

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.

NM05791

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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.)

<p>1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER</p>	<p>7. UNIT AGREEMENT NAME</p>	
<p>2. NAME OF OPERATOR Wynn & Brooks-Fulton</p>	<p>8. FARM OR LEASE NAME Federal "M"</p>	
<p>3. ADDRESS OF OPERATOR 1525 Republic National Bank Dallas, Texas 75201</p>	<p>9. WELL NO. No. 1</p>	
<p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1190 FSL 1800 FWL</p>	<p>10. FIELD AND POOL OR WILDCAT Blanco Mesaverde Basin Dakota</p>	
<p>14. PERMIT NO.</p>	<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5866 KB</p>	<p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 3-27N-8W</p>
		<p>12. COUNTY OR PARISH 13. STATE SD n.m.</p>

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

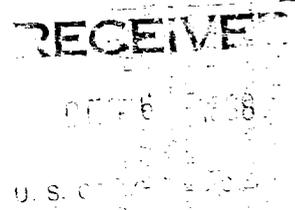
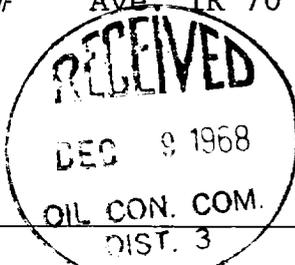
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input checked="" 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) <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.)*

On 9/8/68 Perf Dakota 6593-6601, 6617-25 w/ 2 Welex SDJ shots/ft. Displ. hole w/ 1% KCl soln w/250 gal 10% MSA spotted across perfs. Frac w/ 16,500# 20-40 sand & 26,840 gal FR-16 treated water. Flush w/6230 gal treated water. Sd. Off. BDP 3000# ATP 3500# Max 3500# Ave IR 32 BPM

On 9/9/68 set BP at 6581'. Left setting tool in hole. Recovered fish 9/10/68. Set second BP at 6581'. Perf. Dakota 6470-78,6515-21,6553-57 w/ 2 Welex SDJ per ft. Displ hole w/1% KCl soln w/500 gal 7½% Hcl spotted across perfs. Frac w/50,000# 20-40 sd & 65,080 gal FR-16 treated water. BDP 2500# ATP 2900# Max 3250# Ave IR 50 BPM

On 9/10/68 set BP at 4549'. Perf. Mesaverde 4213,4217-19,4225,4240-42,4338-44, 4351-57, 4369-73,4425-29 w/2 Welex SDJ shots/ft. Frac w/ 70,000# 20-40 sd & 68,040 gal FR-16 treated water. Dropped 20 balls. BDP 2500# ATP 2117# Max 2900# Ave IR 70 BPM



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

SIGNED [Signature] TITLE Operator DATE 11-25-68

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: