

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 _____

3. ADDRESS OF OPERATOR MOC

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface 660 FSL & 1980 FEL

14. PERMIT NO. _____ 15. ELEVATIONS (Show whether DF, RT, GR, etc.) _____

7. UNIT AGREEMENT NAME _____

8. FARM OR LEASE NAME Big Lucky Lake Comm

9. WELL NO. _____

10. FIELD AND POOL OR WILDCAT 1
Little Lucky Lake Morrow

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 30-T15S-R30E

12. COUNTY OR PARISH: Chaves 13. STATE: NM

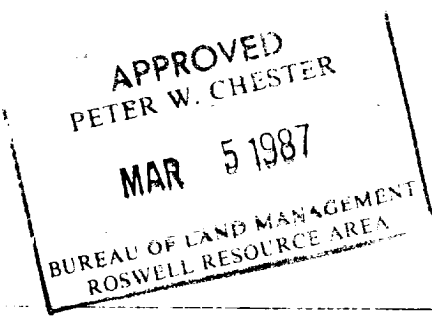
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

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 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 PLANT <input checked="" type="checkbox"/>	OTHER: _____	

(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 and 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.)

Notice to ammend the surface use plan for the referenced well to show in item #6 the source of caliche will be obtained from the Federal pit in the SE/SE of Sec. 13-T15S-R29E.



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

SIGNED Paul Ragsdale TITLE Operations Manager DATE February 13, 1987
Paul Ragsdale
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: Expansion of this pit will be allowed only to the East and South. A two strand barbed wire fence will be constructed on the North and West sides of the pit to discourage disturbance in those areas.
*See Instructions on Reverse Side