

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

<p>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>		<p>5. LEASE DESIGNATION AND SERIAL NO. NM 18307</p>
<p>1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER (Plug & Abandonment)</p>		<p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p>
<p>2. NAME OF OPERATOR MONSANTO OIL COMPANY</p>		<p>7. UNIT AGREEMENT NAME</p>
<p>3. ADDRESS OF OPERATOR 1300 One First City Center, Midland, Texas 79701</p>		<p>8. FARM OR LEASE NAME Antebellum</p>
<p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 990 FNL & 1980 FEL B</p>		<p>9. WELL NO. 2</p>
<p>14. PERMIT NO. 30-025-25018</p>		<p>10. FIELD AND POOL, OR WILDCAT Bell Lake Bone Spring</p>
<p>15. ELEVATIONS (Show whether DF, RT, CR, etc.) GL 3514, EB 3533</p>		<p>11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA Sec. 29 T-23-S, R-34-E</p>
<p>12. COUNTY OR PARISH Lea</p>		<p>13. STATE New Mexico</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 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 checked="" type="checkbox"/>
REPAIR WELL <input 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.)*

4/17/84 RU Taps Inc. Established injection rate of 2½ BPM at 3000 psi. Loaded tbg w/10 PPG Brine. Squeezed 75 sx under pkr. @ 8575'. Pull up and dump 15 sx on top of pkr. Pull up to 8100'. Mix mud and circulate hole. Pull up to 5100'. Shut-in overnight.

4/18/84 Set 100 sx @ 5102', 100 sx @ 3009', 100 sx @ 617', 25 sx @ surface.

7/12/84 Welded on marker.

ACCEPTED FOR RECORD
91987
SJS
CARLSBAD, NEW MEXICO

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

SIGNED *[Signature]* TITLE: Regional Production Manager DATE 7/24/84

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

OCT 12 1987

OCD
HOBBS OFFICE