

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0135
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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM-45560
2. NAME OF OPERATOR James K. Anderson, Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME N/A
3. ADDRESS OF OPERATOR 13760 Noel Road, Suite 325, Dallas, TX 75240		7. UNIT AGREEMENT NAME N/A
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 3100' FEL and 300' FSL Section 1, 4S-3E		8. FARM OR LEASE NAME Federal
14. PERMIT NO. BLM-17-2920-87-B		9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5475'GR		10. FIELD AND POOL, OR WILDCAT Wildcat
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 1, T4S-R3E
		12. COUNTY OR PARISH Socorro
		13. STATE New Mexico

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 checked="" 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.)*

Set the following cement plugs in the 7 7/8" open hole as follows:

Plug #1: 43 sx. Class "C" @ 4989' to 4889'.

Plug #2: 56 sx. Class "C" w/2% CACL2 @ 2950' to 2800', WOC 8 hrs. and tag plug w/15,000 lbs. weight.

Plug #3: 35 sx. Class "C" @ 1900' to 1800'.

Plug #4: 30 sx. Class "C" w/2% CACL2 @ 610' to 510', WOC 6 hrs. and tag w/weight of drill pipe.

Weld plate at top of 8 5/8" casing.

Plugging operations completed @ 12:00 noon 2/12/89 as approved by BLM Personnel.

Total Depth reached was 4989'KB.

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

SIGNED

Wendell B Cook

TITLE Petroleum Engineer

DATE 2/13/89

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

Approved as to plugging of the well bore.
Liability under bond is retained until
surface restoration is completed.

*See Instructions on Reverse Side

APPROVED
DEPTER W. CHESTER

MAR 31 1989

BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA