

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

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 checked="" 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.) \*

It is the intention of James K. Anderson, Inc. to set the following cement plugs in the 7 7/8" open hole:

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.

Note: Verbal approval to accomplish the above work given by Mr. Peter Chester February 10, 1989.

APR - 1989

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

SIGNED Peter W. Chester TITLE Petroleum Engineer

DATE 2/13/89

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

APPROVED  
DATE  
PETER W. CHESTER

MAR 31 1989

\*See Instructions on Reverse Side