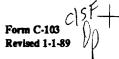
Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department



DISTRICT I

OIL CONSERVATION DIVISION
PO Rox 2088

WELL API NO.

P.O. Box 1980, Ho	bbs, NM 882	40
DISTRICT II		

DISTRICT II	P.U. DOX 200 Santa Fe. New Mexico		30-015-01518	
P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico 87504-2088		5. Indicate Type of Lease	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	APR 2 6 1991		STATE FEE 6. State Oil & Gas Lease No.	
SUNDRY NOTICES AND REPORTS ON WELLS. (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO ASSESSED BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		7. Lease Name or Unit Agreement Name State 24		
1. Type of Well: Oil. GAS WELL WELL	OIL GAS C		State 24	
2. Name of Operator		8. Well No.		
Reach Exploration, Inc. 3. Address of Operator		9. Pool name or Wildcat		
800 N. Marienfeld Ste 3	200 Midland, Texas		Red Lake East	
Unit Letter _ G : _2310 Feet From The _ North _ Line and _2310 Feet From The _ East _ Line				
Section 24	Township 16S Ra	nge 28E	NMPM Eddy County	
	10. Elevation (Show whether	DF, RKB, RT, GR, etc.)		
11. Check App	propriate Box to Indicate I		eport, or Other Data	
NOTICE OF INTE	NTION TO:	SUB	SEQUENT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON X	REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT				
PULL OR ALTER CASING CASING TEST AND CEMENT JOB		EMENT JOB		
OTHER:		OTHER:		
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.				
Beach Exploration, Inc. Well is to be plugged as	•	tization of the	e Red Lake Waterflood Project.	
#1 Plug - 1382' Top of #2 Plug - 856' Top of #3 Plug - 465' Top of #4 Plug - 295' Top of	the Seven Rivers the Base Salt			
Perforation are 1537' -			Post ID-3 5-3-91 chg ap & will man	
* gel between plug :	è		chap & well-nas	
I hereby certify that the information above is true and	georgiete to the best of my knowledge and	belief.		
SIGNATURE MARIANA C	Matmi_ m	<u>Production</u>	DATE 4-25-91	
TYPEOR PRINT NAME Barbara Wat	son		TELEPHONE NO. 915/683-622	
(This space for State Use) APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	wiosson m	**************************************	DATE 4-30-9/	
* As noted & poul				