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.) D +3 AH '89 	NO.		SUBMIT IN TRL. ATE*	J. ED STATES	DEPARTM	Form 3 331 (May 1963)
OIL WELL W WELL OTHER CARLE CARLE CARLE CARLE CARLE State 2. NAME OF OPERATOR AREA AREA ERS Sheldon Federal Sheldon Federal 3. ADDRESS OF OPERATOR RECEIVED 9. WELL NO. 9. WELL NO. 9. WELL NO. 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements) '88 6 10. FIELD AND POOL, OR WILDCAT See also space 17 below.) At surface 0. C. D. Square Lake			ON WELLS back to a different reservoir. proposals.) CT 1043 kil 88	TES AND REPORTS is to drill or to deepen or plug TION FOR PERMIT—" for such	SUNDRY NOTION t use this form for proposa Use "APPLICA"	
3. ADDRESS OF OPERATOR 6 P.O. Box 47 Mayhill, NM 88339 6 4. LOCATION OF WELL (Report location clearly and in accordance with any State require frage '88 10. FIELD AND POOL, OR WILDCAT See also space 17 below.) At surface 6 660' FWL & 330' FWL (NW/4NW/4) O. C. D. Square Lake		Sheldon Federal	CARLE ILOE AREA ILLÉRS RÉCEIVED	Inc.	WELL OTHER	OIL WELL X 2. NAME OF OF
N ARTESIA, OFFICE Sec. 28, T-165, R3 14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 12. COUNTY OF FARIBH 13. STATE 14. PERMIT NO. 4000/D.F. Eddy NM	<u>A</u>	6 10. FIELD AND POOL, OR WILDCAT Square Lake - G - S / 7 11. SEC. T. R. M. OB BLK. AND	,	ill, NM 88339 early and in accordance with a	OFERATOR .O. BOX 47 Mayh F WELL (Report location clu ace 17 below.)	3. ADDRESS OF P. 4. LOCATION OF See also spa At surface
4000/D.F. Eddy NM	<u>31E</u>	Sec. 28, T-165, R31 12. COUNTY OF PARISH 13. STATE	ARTESIA, OFFICE		N	
Child Annualista Bay To Indicate Nature of Natice, Report, or Other Data		Eddy NM				14. PERMIT NO.
SUBSECUENT REPORT OF:						16.
NOTICE OF INTENTION TO: SUBSEQUENT METER OF TEST WATER SHUT-OFF PULL OR ALTER CASING WATER SHUT-OFF REPAIRING WELL FRACTURE TREAT MULTIPLE COMPLETE FRACTURE TREATMENT ALTERING CASING SHOOT OR ACIDIZE ABANDON* Temp. X (Other) ABANDONMENT* (Other) CHANGE PLANS CHANGE PLANS (Other) 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 proposed, work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones	- - - - - - - - - - - - - - - - - -	REPAIRING WELL ALTERING CABING ABANDON MENT* S of multiple completion on Well pletion Report and Log form.)	WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING (Other) (Note: Report results Completion or Recomp	ULL OR ALTER CASING	ER SHUT-OFF	FRACTUR E Shoot or Repair W (Othe r)

Due to economic reasons this well is not feasible to produce at this time. The high amount of water produced in relation to oil produced does not allow for economic production.

We will run a casing integrity test per BLM requirements to satisfy this intention.

Request TA status for 1 year.

18. I hereby certify that the foregoing is true and correct		
	TITLE V.P.	 DATE <u>9-28-88</u>
(This space for Federal or State office use) OBIG 200.5 APPROVED BY CHILF AVAL, IF ANY:	TITLE	 DATE 10-18-88

*See Instructions on Reverse Side