

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TR (Other instruct. reverse side)  
DATE ON RE

Budget Bureau No. 1004-0115  
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

LC029424

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		Division	
2. NAME OF OPERATOR Beach Exploration, Inc.		311 S. 1st Artesia NM 210-2834	
3. ADDRESS OF OPERATOR 800 N. Marienfeld Ste. 200 Midland, Texas 79701		8. FARM OR LEASE NAME Henshaw	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' EEL & 1980' FWL, Sec. 23, T16S, R29E Unit C, NE4/NW/4		9. WELL NO. 9	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.)	
		10. FIELD AND POOL, OR WILDCAT Henshaw	
		11. SEC., T., R. M., OR BLK. AND SURVEY OR AREA Sec. 23, T16S, R30E	
		12. COUNTY OR PARISH Eddy	13. STATE NM

RECEIVED  
ARTESIA

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 checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <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.)

4-23-98 Logged W/CBL-CCL-GR, TD-10,690, PBTD-10,645'. Pumped 1,000 gal 15% HCL, displaced w/32 bbls. water. SD 30", reversed out w/8bbls water and 140 bbls. pkr. fluid. TOH, LD

4-24-98 Logged from 10,671' to 8500'. POH MU TCP guns, sub. Tested tbq. hydro in hole to 6000psi. Tie in guns to GR, perforate from 10,588'-10,606'. Set. pkr., drop tube to test. ND BOP NU trest, test flange to 5000psi. Drop bar to perf. No psi. Wait 1 hr. No pressure CWIFN.

4-27-98 Opened well to pit, flared gas, bled pressure to 0psi. RU JSI, RIH, released guns to btm., tagged fish on btm. @10,630'. RU Fracmaster, test lines to 8000#, pump 12 bbls. 15% Nefe acid & 28 bbls. KCL water, psi to 6500. Worked pressre from 1500-6500 could not pump in. Pressure casing to 1500psi, increased tbq. pressure to 9000, could not pump in. Bled off pressure. NU tree, BOP, released pkr., TIH to 10,615'. Equalize acid, POH, reverse 3 bbls. into tbq., set pkr. Pressured tbq. to 7500 psi, could not pump in, continued to work acid around perfs. and attempt to pump into foimation. Max. Press. 9000# could not pump in. CWIFN

4-28-98 SITP 300psi. bled pressure to 0# to pit. Pressured tbq. to 2500 psi. No bleed off in 15", released pkr. TIH Reversed out acid w/2%KCL water. TOH w/pkr. Fished @10,630'. Catch fish, TOH. LD fishing tools, guns did not fire.

4-29-98 FIH w/tbg. to 10,810'. Spot 1.2 bbls. 7.5%Nefe acid across perfs. TOFH, PU guns. TIH to 10,600', RU logger, tied in GR to OH logs. RD loggers, dropped tube, test pkr.

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

SIGNED Barbara Watson TITLE Barbara Watson DATE 4-30-98

(This space for Federal or State office use)

APPROVED BY DAVID R. GLASS TITLE PETROLEUM ENGINEER DATE JUN 17 1998

CONDITIONS OF APPROVAL, IF ANY:

FLARING APPROVED FOR 1 MONTH PERIOD  
ENDING MAY 30 1998

\*See Instructions on Reverse Side