

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

CLSF

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 ☐ GAS WELL ☒ OTHER ☐
2. NAME OF OPERATOR
General Atlantic Resources, Inc
3. ADDRESS OF OPERATOR
410 17th Street, Ste 1400, Denver, Colorado 80202
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface 1980' FSL & 660' FWL

14. PERMIT NO.
15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3597' GR

5. LEASE DESIGNATION AND SERIAL NO.
NM-8436-A
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Diamond Mound Federal
9. WELL NO.
1
10. FIELD AND POOL, OR WILDCAT
Diamond Mound Federal
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
1-16S-27E
12. COUNTY OR PARISH
Eddy
13. STATE
NM

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF
FRACTURE TREAT
SHOOT OR ACIDIZE
REPAIR WELL

PULL OR ALTER CASING
MULTIPLE COMPLETE
ABANDON*
CHANGE PLANS

WATER SHUT-OFF
FRACTURE TREATMENT
SHOOTING OR ACIDIZING
(Other)

REPAIRING WELL
ALTERING CASING
ABANDONMENT*

(Other) Water Block Treatment

(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.)*

1. MIRU Service company.
2. Treat formation as follows:
10 ton CO₂.
2000 gals 1-0% methanol with 500 SCF CO₂.
Displace with 5 tons CO₂.
SI 30 min and 1 flow back to pit.
3. Flow test.

Verbal approval to proceed with the treatment was received from Adam Salameh on August 30, 1990.

RECEIVED
SEP 11 8 42 AM '90
OIL & GAS
DIVISION
FEDERAL BUREAU OF LAND MANAGEMENT

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

SIGNED David R. Kistner TITLE Operations Engineer

DATE August 30, 1990

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

DATE 9-5-90

*See Instructions on Reverse Side