

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

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 <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM-8436-A	
2. NAME OF OPERATOR General Atlantic Resources, Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME FEB 19 '90	
3. ADDRESS OF OPERATOR 410 17th St., Suite 1400, Denver, CO 80202		7. UNIT AGREEMENT NAME O. C. D. ARTESIA OFFICE	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FSL, 1980' FEL		8. FARM OR LEASE NAME Diamond Mound Federal	
14. PERMIT NO.		9. WELL NO. 2	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3592.5' GR		10. FIELD AND POOL, OR WILDCAT Undesignated Atoka	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 1-16S-27E	
		12. COUNTY OR PARISH Eddy	
		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"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <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.)*

Perforations at 8840-8852'.

Packer at 8786'.

AMS

* NOTIFY BLM AT (505) 887-6544 FOR WITNESSING THE CSG PRESS TEST.
Move in and rig up pump truck. Pressure annulus to 500 psi for 15 minutes.
* FURNISH BLM WITH THE PRESS. TEST CHART.

General Atlantic Resources, Inc. wants to keep this well on a TA status until other wells in the area have been stimulated and treatment response examined.

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

SIGNED David Putnam
(This space for Federal or State office use)

TITLE Petroleum Engineer

DATE 2/8/90

APPROVED BY One State Office
CONDITIONS OF APPROVAL, IF ANY:

TITLE Adm

DATE 2-15-90

FEB 15 1990

*See Instructions on Reverse Side

CARLSBAD, NEW MEXICO