

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well
☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator
General Atlantic Resources, Inc. ✓

3. Address and Telephone No.
410 17th Street, Suite 1400, Denver, CO 80202

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
1980' FSL & 1980' FEL
Sec. 1-T16S-R27E

5. Lease Designation and Serial No.

NM 8436A

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Diamond Mound Federal #2

9. API Well No.

30-015-22501

10. Field and Pool, or Exploratory Area

Undesignated Atoka

11. County or Parish, State

Eddy, New Mexico

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☒ Notice of Intent
☐ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☒ Recompletion
☒ Plugging Back
☐ Casing Repair
☐ Altering Casing
☐ Other

- ☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)*

Pull tubing and packer out of hole. Set CIBP above existing Morrow perforations and set 35' cement on CIBP with dump bailer. Run 2-3/8" tubing and packer in hole. Set packer at +8550'. Perforate Atoka zone from 8634'-8643' through tubing. Stimulate Atoka as required with acid and/or fracture treatment. Flow test well through existing production facilities.

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

Signed R D Mawry

Title Sr. Operations Engineer

Date 3/8/93

(This space for Federal or State office use)
(ORIG. SGD.) DAVID R. GLASS

Approved by
Conditions of approval, if any:

Title PERMISSIONED

Date MAR 19 1993