

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

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"/>		RECEIVED	
2. NAME OF OPERATOR General Atlantic Resources, Inc. ✓		AUG 22 '90	
3. ADDRESS OF OPERATOR 410 17th Street, Suite 1400, Denver, CO 80202		O. G. D. AREA, OFFICE	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FNL & 1980' FWL		5. LEASE DESIGNATION AND SERIAL NO NM-7066	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME NA		7. UNIT AGREEMENT NAME NA	
8. FARM OR LEASE NAME Williamson Fed. Comm.		9. WELL NO. 1	
10. FIELD AND POOL, OR WILDCAT Diamond Mound		11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA Sec. 12-T16S-R27E	
12. COUNTY OR PARISH Eddy		13. STATE New Mexico	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, ST, GR, etc.) GR 3637'	

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 type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>	(Other) Well Deliverability	

(Other) _____

(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.)

7-23-90: Moved in Bennett & Cathey well test unit. Flow tested for 10 hrs. Flow rate stabilized at 1286 MCF/D at a FTP of 140# and a Back Pressure of 60#.

RECEIVED
AUG 16 10 19 AM '90
OAR
AREA
EENS

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

SIGNED <u>David Putnam</u>	TITLE <u>Operations Engineer</u>	DATE <u>8/13/90</u>
(This space for Federal or State office use)		
APPROVED BY <u>Orig. Signed by Edm Salasch</u>	TITLE <u>PETROLEUM ENGINEER</u>	DATE <u>8 20 90</u>
CONDITIONS OF APPROVAL, IF ANY:		