

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate
(Other instructions
verse side)

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

45F

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 33277
2. NAME OF OPERATOR General Atlantic Resources, Inc. (303) 573-5100		6. IF INDIAN, ALLOTTEE OR TRIBE NAME N/A
3. ADDRESS OF OPERATOR 410 17th Street, Suite 1400, Denver, CO 80202		7. UNIT AGREEMENT NAME N/A
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2160' FNL & 660' FEL		8. FARM OR LEASE NAME DERRICK FEDERAL
14. PERMIT NO.		9. WELL NO. 2
15. ELEVATIONS (Show whether DF, RT, GR, etc.) GR: 3652'		10. FIELD AND POOL, OR WILDCAT Diamond Mound
		11. SEC., T., R., N., OR BLK. AND SURVEY OR AREA Sec. 5-T16S-R28E
		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:

TEST WATER SHUT-OFF	PULL OR ALTER CASING
FRACTURE TREAT	MULTIPLE COMPLETE
SHOOT OR ACIDIZE	ABANDON*
REPAIR WELL	CHANGE PLANS
(Other)	Well Deliverability

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREATMENT	ALTERING CASING
SHOOTING OR ACIDIZING	ABANDONMENT*
(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.)

1. Move in and rig up gas well test equipment, including a 3 phase separator.
2. Hold various back pressures on well and establish a stable flow rate.
3. Record flow rates and liquids produced.
4. All gas produced will be flared.

NOTE: Verbal approval for the test was received from Adam Salameh on July 11, 1990

RECEIVED

JUL 20 '90

ADAM SALAMEH

RECEIVED
JUL 16 10 26 AM '90
CARLOS J. SALAMEH
AREA HEADQUARTERS

RECEIVED

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

SIGNED David Putnam

TITLE Operations Engineer

DATE 7/12/90

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE 7-19-90

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side