

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE.
(Other instructions on reverse 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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		7. UNIT AGREEMENT NAME NA	
2. NAME OF OPERATOR General Atlantic Resources, Inc.		8. FARM OR LEASE NAME Derrick Federal	
3. ADDRESS OF OPERATOR 410 17th Street, Suite 1400, Denver, CO 80202		9. WELL NO. 2	
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		10. FIELD AND POOL, OR WILDCAT Diamond Mound	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR ABRA Sec. 5-T16S-R28E	
15. ELEVATIONS (Show whether DT, ST, CR, etc.) GR 3652'		12. COUNTY OR PARISH Eddy	
		13. STATE New Mexico	

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

NOTICE OF INTENTION TO:

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 PLANE	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

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) Well Deliverability	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>

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

17. DLS/RIS/ 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.)*

7-24-90: Moved in Bennett & Cathey well test unit. Flow tested well for 13 hrs. Flow rate stabilized at 1161 MCF/D with a TP of 115# and a Back Pressure of 70#.

RECEIVED
AUG 16 10 19 AM '90
CARETAKER AREA

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

SIGNED David Putnam TITLE Operations Engineer DATE 8-13-90

(This space for Federal or State office use)

Orig. Signed by Adam Salomati

APPROVED BY [Signature] TITLE OPERATIONS ENGINEER DATE 8-20-90

CONDITIONS OF APPROVAL, IF ANY: