

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

MM OIL CONS. CO. SSION
SUBMIT IN TRIPPLICATE
Draw (other) instructions on re-
verse side)
AR 00310, 00310 00310

Form approved.
Budget Bureau No. 42-R1424.

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 | 5. LEASE DESIGNATION AND SERIAL NO. LC048491a |
| 2. NAME OF OPERATOR LATCH OPERATIONS ✓ | MAY 13 1983 | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |
| 3. ADDRESS OF OPERATOR Box 10108 LUBBOCK TX 79408 | O.C.D. ARTESIA, OFFICE | 7. UNIT AGREEMENT NAME |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 440' FNL 2310' FEL | | 8. FARM OR LEASE NAME Saunders |
| | | 9. WELL NO. 11 |
| | | 10. FIELD AND POOL, OR WILDCAT RED LAKE 9-9-8H |
| | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 13 17S 27E |
| 14. PERMIT NO. | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3476 GR | 12. COUNTY OR PARISH EDDY |
| | | 13. STATE NM |

16. 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 PLANS <input type="checkbox"/> |
| (Other) <input type="checkbox"/> | |

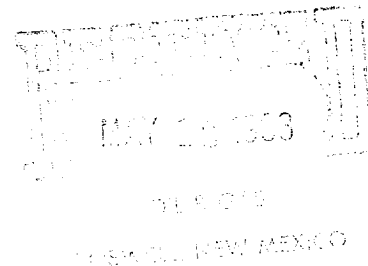
SUBSEQUENT REPORT OF:

| | |
|--|--|
| 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) <u>Drilling</u> | |

(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.) *

Well spudded 27 MAY 82 T.D. 3 Feb. 83.
Casing Record
13 5/8 48" set @ 442' - circulated 20 Aug 82
8 5/8 23" set @ 880' circulated 18 Oct 82
4 1/2 10.5" set @ 2229 - to 310' from surface. 8 Feb 83
Height confirmed by Bennett/Cathey wire line Co Artesia
copy of results submitted to Artesia Office
All cement jobs witnessed by Artesia Office of M.H. - casing check in 24 hours.
Well logged 9 Feb 83 GAMMA Ray - Neutron 2 logs submitted
Perforated 1 shot/ft from 2044-2068 9 Feb 83
well treated w 6000 gal 20% HCl; 14 Feb 83
well tested 23 Feb 83 - Gas Deliverability 25 MCF



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

SIGNED Joseph B Schield TITLE Agent DATE 11 May 83

(This space for use by State or License)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL ANY:

MAY 06 1983

(Orig. Sgd.) GEORGE H. STEVART

ROSWELL, NEW MEXICO

*See Instructions on Reverse Side