

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

C187

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 type="checkbox"/> OTHER <input type="checkbox"/> Temp. Abd. | | 5. LEASE DESIGNATION AND SERIAL NO. NM-7724 | |
| 2. NAME OF OPERATOR CASA PETROLEUM, INC. | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME -- | |
| 3. ADDRESS OF OPERATOR 105 North 6th, Artesia, New Mexico 88210 | | 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 1650' FSL & 330' FWL of Section (NW $\frac{1}{4}$ SW $\frac{1}{4}$) (Unit L) | | 8. FARM OR LEASE NAME HIGHEST FEDERAL | |
| 14. PERMIT NO. -- | | 9. WELL NO. 1 | |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3756' G.L. | | 10. FIELD AND POOL, OR WILDCAT Undesignated | |
| | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 7-16S-30E | |
| | | 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 COMPLETION | <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"/> | | <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) Cementing Casing | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> |

(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.)*

Spudded well at 8:00 PM on 10-21-83.

8 5/8" (24#, K-55) casing was run in 12 1/4" hole to depth of 454' and cemented with 300 sacks of cement (Class "C" w/2% calcium chloride). Plug down at 9:04 AM on 10-22-83. Cement circulated.

4 1/2" (9.5#, K-55) casing was run in 7 7/8" hole to depth of 2883' and cemented with 500 sacks of cement (Class "C" w/2% calcium chloride). Plug down at 2:45 PM on 10-28-83. Top of cement at 1250' by bond log.

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

SIGNED

TITLE Agent

DATE 3-9-84

(This space for Federal or State official use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL

MAY 16 1984



Carlsbad, NEW MEXICO

*See Instructions on Reverse Side

