

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT ON
(Other Instru
verse side)

PLICATE
is on re

Form approved
Budget Bureau No. 1004-115
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM58033

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Coastal Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

High Lonesome (Queen)

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 19, T16S, R29E

12. COUNTY OR PARISH 13. STATE

Eddy

NM

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 ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Beach Exploration, Inc.

3. ADDRESS OF OPERATOR

800 N. Marienfeld Ste. 200 Midland, Texas 79701

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)

At surface

SW/4 NE/4

1980/11 & 1980/E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Change of Operator

REPAIRING WELL

ALTERING CASING

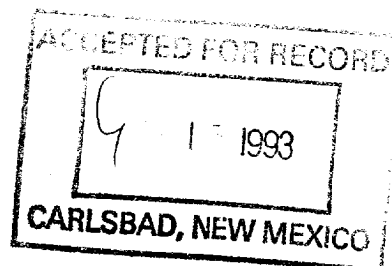
ABANDONMENT*

(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.)*

Beach Exploration, Inc. acquired operations of the Coastal Federal Well No. 1 effective August 1, 1993.

RECEIVED
AUG 12 1 22 PM '93
CARLSBAD AREA OFFICE



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

SIGNED William J. Matton

TITLE Production

DATE 8-4-93

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side