

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
Artesia, NM 88210

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985
LEASE DESIGNATION AND SERIAL NO.

ckf

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	RECEIVED BY OCT 31 1985 O. C. D. 88210	6. IF INDIAN, ALLOTTEE OR TRIBE NAME NM 27643
2. NAME OF OPERATOR Tomsco Energy		7. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR P.O. BOX 664 ARTESIA, NEW MEXICO		8. FARM OR LEASE NAME PROMONTORY B FEDERAL
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1665' FSL AND 976' FWL S-23-T16S-R28E		9. WELL NO. 1
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3756 GR	10. FIELD AND POOL, OR WILDCAT EAST RED LAKE (Q6b) EXT. 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA S 23 - T 16 S - R 28 E 12. COUNTY OR PARISH EDDY 13. STATE N.M.

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)			

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 checked="" type="checkbox"/>
(Other) SPUDDED WELL			

(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 12 1/4" HOLE AT 5:45 P.M. 7-26-85

1. RAN 8 JTS., 9 5/8" - 43# CASING, SET AT 273'
2. CEMENTED W/ 130 SXS. CLASS C 2% CALCIUM CHLORIDE, CIRCULATE 15 SXS. TO PIT. WOC IN EXCESS OF 18 HRS.
3. TESTED 9 5/8" CASING TO 1000# FOR 30 MINUTES. TESTED O.K.

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

SIGNED Thomas K. Scroggs TITLE OPERATOR DATE 8-8-85
(This space for Federal or State office use)

APPROVED BY ACCEPTED FOR RECORD TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

GWD
OCT 29 1985

*See Instructions on Reverse Side