

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. NAME OF OPERATOR Beach Exploration, Inc. ✓	2. ADDRESS OF OPERATOR 800 N. Marienfeld Suite 200 Midland, TX 79701	3. LOCATION OF WELL (Report location clearly and in accordance with BLM Survey Section 17 below.) At surface 1650 FEL & FSL (Unit J)	4. UNIT AGREEMENT NAME ---	5. FARM OR LEASE NAME Exxon Federal	6. WELL NO. 4	7. FIELD AND POOL OR WILDCAT High Lonesome (Queen)	8. SEC., T., E., M., OR BLK. AND SURVEY OR AREA Sec. 18, T16S, R29E	9. COUNTY OR PARISH Eddy	10. STATE NM
11. PERMIT NO.	12. ELEVATIONS (Show whether DF, RT, GR, etc.) 3653 GL 3660 KB	13. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA							

NOTICE OF INTENTION TO		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETION ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANT ☐	Other ☐	

17. DESCRIBE IN DETAIL THE 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.

Spud & Csg. Report

4-3-86 MIRU Larue & Muncy Rig #2, spud 12 1/4" Hole @2PM
4-3-86 MST. Lost complete circulation @90', drlg. to 340',
POOH, ran 8 5/8" Csg.

Day 1, WOC @340", 340'/24 Hrs. in Dolo. Bit #1, 12 1/4"
Reed, 340'/4 1/4Hrs. No Bit information. Dev. Svy. 1
1/4°@340'. Time: 4 1/4 Hrs. Drlg., 1/4 Hrs. Trip, 1/4 Hrs.
Circ. & Cond. Mud, 7 1/4 Hrs. MIRU, 1 3/4 Hrs. Run Csg. &
Cmt., 9 3/4 Hrs. WOC.

Surface Csg. Report: Ran 8 Jts. 23#, X42, ST&C, R3, New 8 5/8"
Csg. to 3332.54'KB. Cmt.w/175 Sxs Cl C + 2% Ca Cl. Cmt did
not circulate 40' from surf. Dumped 8 yds Ready Mix down
backside, cmt to surf. Set 2 Centralizers, PD @8:45PM MST.

Pressured up to 1000# on 8 5/8"

ACCEPTED FOR RECORD

APR 7 1986

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

SIGNED Artesia, NM TITLE Production DATE 4-4-86

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side