

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

AS OIL CONS. COMMISSION
SUBMIT IN THIS
Draw (Other) Instruction
10-15-18 RECEIVED 83210

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

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different use or for.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		O. C. D. ARRESA, OFFICE	
2. NAME OF OPERATOR Petrus Oil Company, L. P.			
3. ADDRESS OF OPERATOR 12377 Merit Drive, Suite 1600 Dallas, TX 75251			
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 330' FSL & 1750' FWL, SE/4 SW/4, Unit Letter N			
14. PERMIT NO. CER #159		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3821' GR	
12. COUNTY OR PARISH Eddy		13. STATE NM	

5. LEASE DESIGNATION AND SERIAL NO. NM-11327
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME Henshaw Federal
9. WELL NO. 1
10. FIELD AND POOL, OR WILDCAT Wildcat-Atoka
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 14, T16S, R30E

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)	<input type="checkbox"/>	Casing Details	<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.)*

08-03-87, ran 256 jts of 5-1/2" 17# K-55 & N-80 LTC casing and set at 10,700'. Cemented w/1300 sx Class H w/5% KC1 + 5% HA-22-A + 3% CFR-3. Cut off casing and NU wellhead.

RECEIVED

SEP 23 11 27 AM '87

CARTERSBURG
AREA OFFICE

ACCEPTED FOR RECORD

SJS

OCT 5 1987

CARTERSBURG, NEW MEXICO

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

SIGNED Suzanne Jordan

TITLE Regulatory Coordinator

DATE 08-17-87

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side