Form 3160-5 November 1983)	UNITED STATES  SUBMIT IN TRIPLICATE  OF THE INTERIOR (Other Instruction on re- verse side)  BUREAU OF LAND MANAGEMENT		(Other instruction on	Expires August	Budget Bureau No. 1004-0135 Expires August 31, 1985	
Form.erly 9-331)			NM 18831			
CLIVID			WELL RECEIVED	6. IF INDIAN, ALLOTTES	OR TRIBE NAME	
(Do not use this fo	RY NOTICES AND RE	pen or plug back to	o a different reservoir.			
OIL GAS T	7		AUG 7'90	7. UNIT AGREEMENT NA	ME	
WELL WELL X OTHER  2. NAME OF OPERATOR			C) C. D.	8. FARM OR LEASE NAM	8. FARM OR LEASE NAME	
DEKALB Energy Company			Crow Flats "4"Fed Com			
3. ADDRESS OF OPERATOR	······································			9. WBLL NO.		
2626 JB Shepperd Pky, Ste A-200, Odessa, TX. 79761				1		
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*  See also space 17 below.)					10. PIELD AND POOL, OR WILDCAT	
At surface  C 1090 FCI ( 2010 FTH					Diamond Mound Morrow 11. SEC., T., R., M., OR BLK. AND	
S- 1980' FSL & 2010' FWL, Sec 4, T-16S, R28E				SURVEY OR AREA	DA. AND	
				Sec 4, T-16s,	R-28e	
14. PERMIT NO.	15. ELEVATIONS (Sh	ow whether DF, RT, G	R, etc.)	12. COUNTY OR PARISH	13. STATE	
	3654 (	GR		Eddy	New Mexico	
16.	Check Appropriate Box To	Indicate Natur	e of Notice, Report, or	Other Data		
NO	TICE OF INTENTION TO:	1	SCBS	EQUENT REPORT OF:		
TEST WATER SHUT-OFF	PULL OR ALTER CASIN	G	WATER SHUT-OFF	REPAIRING V	PLL	
FRACTURE TREAT	MULTIPLE COMPLETE		FRACTURE TREATMENT	ALTERING CA	1	
SHOOT OR ACIDIZE	ABANDON*		SHOOTING OR ACIDIZING	ABANDONME	T*	
REPAIR WELL	CHANGE PLANS		(Other)Comple		X	
(Other)			Completion or Recoi	ilts of multiple completion upletion Report and Log for	m.)	
17# N-8 6290'. Microbo tool, c @ 10:30 7-12-90: Drld cm 7-13-90: Perf w/	7/8" hole to TD @ 940 0 csg, 57 jts 5 1/2" Set @ 9353'. Cmt 1st nd/sx, 1# Latex/sx, . irc 6 hrs. Cmt 2nd st PM. TOC 2100'. t to 9353' & ran logs 2S/F (.47" holes) @ 9 well w/10,000 SCF Ni	17# J-55 cs stage w/310 5 of 1% CFR age w/700 s	g, 68 jts 5 1/2" sx Silicalite p -3 & .2 of 1% HR x Silicalite fol	' 17# N-80 csg w/ brem, 325 sx Prem 24. PD @ 3:30 PM. 10w w/200 sx Pre	DV tool @ ium w/10# Open DV nium. PD	
1000 SC	F Nitrogen per bbl.	Preparing t	o start testing.			
		AG.	g grande de d	ANG 1 11 CARLES HEALER	RECEIVED	
					3 A	
			y	Section   Sec	P. D.	
18. I hereby certify that th	ne foregoing is true and correct				<u>.</u>	
2 1 1		TITLE Chief	Production Cler	k DATE 7-30	-90	
(This space for Federa						
	/	mimi e		T) A MITT		
CONDITIONS OF APP		TITLE		DATE		