

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
88210

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

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.)

1. OIL <input checked="" type="checkbox"/> GAS <input type="checkbox"/> OTHER <input type="checkbox"/>		RECEIVED BY JAN 19 1987 O. C. D. 79701	5. LEASE DESIGNATION AND SERIAL NO. NM14847	
2. NAME OF OPERATOR Beach Exploration, Inc.			6. IF INDIAN, ALLOTTEE OR TRIBE NAME ---	
3. ADDRESS OF OPERATOR 800 N. Marienfeld Suite 200 Midland, Texas 79701			7. UNIT AGREEMENT NAME ---	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 560' FSL & 1680' FEL (Unit 0) (SW/4 SE/4)			8. FARM OR LEASE NAME Phillips Federal	
14. PERMIT NO. 3679.9 GL		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3679.9 GL		9. WELL NO. 1
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		10. FIELD AND POOL, OR WILDCAT Cave		
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 7, T17S, R29E		
		12. COUNTY OR PARISH Eddy		
		13. STATE NM		

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data			
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>	(Other) Production Casing	
(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.) *

12-3-86 Set 10.5#, 4 1/2" Casing to 2552', cemented with 500 Sxs Hal Lite + 250 Sxs 50/50 Poz

12-26-86 Spotted 100 Gals 15% NeFe Acid, perforated Lovington Zone from 2501-2505, and Preimer Zone from 2402-2414, acidized zones with 1500 Gals 15% NeFe Acid.

12-27-86 Sand Frac with 40,000 Gals Gelled 2% KCL Water, 24000# 20/40 Sand, 30000# 12/20 Sand via 4 1/2" Casing.

ACCEPTED FOR RECORD

JAN 16 1987

CARLSBAD, NEW MEXICO

18. I hereby certify that the foregoing is true and correct
SIGNED Debra A. McIntire TITLE Production DATE 1-14-86
(This space for Federal or State office use)

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

*See Instructions on Reverse Side