

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN T
(Other Instruc
verse side)

SECTION
LOCATE
OR TE
88210

Form approved.
Budget Bureau No. 1004-0138
Expires August 31, 1985

6/5F

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 ☒ GAS WELL ☐ OTHER

2. NAME OF OPERATOR
Beach Exploration, Inc.

3. ADDRESS OF OPERATOR
800 N, Marienfeld Suite 200 Midland, Texas 79701D.

4. LOCATION OF WELL (Report location clearly and in accordance with any State or Federal requirements. See also space 17 below.)
At surface
1980' FSL & 1535' FWL (Unit K)
(NE/4 SW/4)

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3669' GL

RECEIVED BY
JUN 11 1987
99501D
SARASOTA OFFICE

5. LEASE DESIGNATION AND SERIAL NO.
NM 14847

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Phillips Federal

9. WELL NO.
2

10. FIELD AND POOL, OR WILDCAT
Grayburg Jackson, Qn, 7 Rivers

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SA

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"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input checked="" type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input checked="" type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other) Casing	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		
PULL OR ALTER CASING	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
CHANGE PLANS	<input 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.) *

5-21-87 Spud 12 1/4" Hole, Drilled to 218', set 5 Jts. 8 5/8", 24# Casing, cemented with 200 Sacks Premium Lite + 1/4#/Flocele 2% CaCl, circulated 40 sacks, plug down @5:15PM 5-21

6-1-87 Spotted 80 Gals 15% NeFe Acid, perforated 2482-2384'. Acidized with 1500 gals 15% NeFe Acid

6-2-87 Sand fraced with 20,000 Gals Gelled 2% KCL Water + 33000# 20/40 Sand + 15000# 12/20 Sand

6-5-87 Put well on pump

ACCEPTED FOR RECORD

JUN 9 1987

SJS
CARLSBAD, NEW MEXICO

RECEIVED
JUN 8 8 12 AM '87
CARLSBAD RESOURCE
AREA HEADQUARTERS

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

SIGNED Melissa Dutton TITLE Production & Exploration DATE 6-5-87

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side