

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instruction
reverse side)

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 reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		2. NAME OF OPERATOR DEKALB Energy Company		3. ADDRESS OF OPERATOR 800 Central, Odessa, Texas 79761		4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FNL & 660' FEL, Sec 12, T-18s, R-28e		5. ELEVATIONS (Show whether DF, RT, GR, etc.) 3636 GR		6. IF INDIAN, ALLOTTEE OR TRIBE NAME		7. UNIT AGREEMENT NAME		8. FARM OR LEASE NAME Dunn A		9. WELL NO. 3		10. FIELD AND POOL, OR WILDCAT Artesia Q-G-SA		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 12, T-18s, R-28e		12. COUNTY OR PARISH Eddy		13. STATE New Mexico	
--	--	--	--	--	--	--	--	--	--	--------------------------------------	--	------------------------	--	---------------------------------	--	------------------	--	--	--	--	--	------------------------------	--	-------------------------	--

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 type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input checked="" type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <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.)*

DEKALB Energy Company plans to open the penrose zone in this well as follows:
Perf w/2SPF @ 2178', 2180', 2186', 2190', 2192', 2194', 2196', 2198' & 2202' and
acidize w/1000 gal 20% acid, run Gamma Log and swab to test.

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

SIGNED R. L. Denney TITLE Chief Production Clerk DATE 11-21-88

(This space for Federal or State office use)

APPROVED BY CHIEF, MINERAL RESOURCES TITLE CHIEF, MINERAL RESOURCES DATE 1-4-89

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side