

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

Original Filed 12/30/91  
Expires August 31, 1985  
5. LEASE DESIGNATION AND SERIAL  
NM-12676  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		N.M. Oil Cons. Division		7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR		811 S. 1st Street		8. FARM OR LEASE NAME
Alpine Petroleum dba Heartland Energy Corp.		Artesia, NM 88210-2834		Froehlich Federal
3. ADDRESS OF OPERATOR		% Chisos Operating, Inc.		9. WELL NO.
P. O. Box 10865, Midland, Texas 79702				1
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 of Sec. 24, T-18S, R21E		10. FIELD AND POOL OR WILDCAT
				Wildcat
				11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA
				Sec. 24, T18S, R21E
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.)		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"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other) Place well on production	<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.)\*

Installed gathering system. Tied well into Enron's connection located in Section 31, T18S, R23E. Placed on production 12/16/91.

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

SIGNED <u>Beth J Miller</u>	TITLE <u>Oil &amp; Gas Analyst</u>	DATE <u>12/30/91</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

\*See Instructions on Reverse Side

1992

SJS