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MAY 08 1986

O. C. D.

## SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEEN OR PLUG BACK TO A DIFFERENT RESERVOIR.  
USE "APPLICATION FOR PERMIT TO DRILL OR TO DEEEN OR PLUG BACK TO A DIFFERENT RESERVOIR" FOR SUCH PROPOSALS.)

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. LC-029387-D	

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- WIW	7. Unit Agreement Name
2. Name of Operator Point Petroleum Corporation	8. Farm or Lease Name Kenwood Federal
3. Address of Operator P.O. Box 3805 Midland, Texas 79702	9. Well No. #1
4. Location of Well UNIT LETTER N 330 FEET FROM THE South LINE AND 2154 FEET FROM THE West LINE, SECTION 19 TOWNSHIP 18-S RANGE 31-E NMPM.	10. Field and Pool, or Wildcat Shugart (Y-SR-Q-G)
15. Elevation (Show whether DF, RT, GR, etc.) 3618 GR	12. County Eddy

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input checked="" type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

A Casing Leak Survey was performed on this well on April 21, 1986

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED Robert K. Worell TITLE Petroleum Engineer DATE 4-25-86APPROVED BY Record Only TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

