

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
Artesia, NM 88210

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM-13237	
2. NAME OF OPERATOR HANLEY PETROLEUM INC. ✓		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 1500 Wilco Bldg., 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 660' FSL & 1980' FEL of Sec. 31, T-19-S, R-29-E		8. FARM OR LEASE NAME Marathon-Martinez Federal	
		9. WELL NO. #1	
		10. FIELD AND POOL, OR WILDCAT Wildcat (W.D. Foss Springs)	
		11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA Sec. 31, T-19-S, R-29-E	
14. PERMIT NO. 18-2920-84-B API #30-015-25323		13. STATE N.M.	
15. ELEVATIONS (Show whether DF, RT, CR, etc.) 3287' GL 3300' DF		12. COUNTY OR PARISH Eddy	

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other) Testing Operations	<input checked="" type="checkbox"/>		<input checked="" 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.)

11-19-85. Operated 24 hrs. @ 8-86" SPM. Produced 39 BO & 130 BW.
11-20-85. Operated 24 hrs. @ 8-86" SPM. Produced 19 BO & 127 BW.
11-21-85. Operated 24 hrs. @ 8-86" SPM. Produced 28 BO & 127 BW.
11-22-85. Operated 24 hrs. @ 8-86" SPM. Produced 22 BO & 127 BW. Est. 60 MCF.
11-23-85. Operated 24 hrs. @ 8-86" SPM. Produced 16 BO & 130 BW. Gas 37 MCF.
11-24-85. Operated 24 hrs. @ 8-86" SPM. Produced 24 BO & 130 BW. Gas 37 MCF.
11-25-85. Operated 24 hrs. @ 8-86" SPM. Produced 18 BO & 125 BW. Gas meter inoperative.

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

SIGNED Luan P. Poyth TITLE Vice-President Production DATE November 25, 1985

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

NOV 27 1985

*See Instructions on Reverse Side