

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPlicate
(Other instructions on re-verse side)

Form approved.
Budget Bureau No. 42-R1424.

25F

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 type="checkbox"/> OTHER <input checked="" type="checkbox"/> Dry hole re-entry		5. LEASE DESIGNATION AND SERIAL NO. NM-14206	
2. NAME OF OPERATOR Ralph Nix Oil Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 617 Artesia, New Mexico 88210		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' FNL & 1980' FWL, Sec. 12, T-19-S, R-26-E, NMPM		8. FARM OR LEASE NAME B&B Federal	
		9. WELL NO. 1	
		10. FIELD AND POOL, OR WILDCAT Wildcat - Grayburg	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 12, T-19-S, R-26-E	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3320' KB 3308' GL 330' C	12. COUNTY OR PARISH Eddy	13. STATE NM

RECEIVED BY
FEB 26 1987
ARTESIA, OFFICE

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

NOTICE OF INTENTION TO:

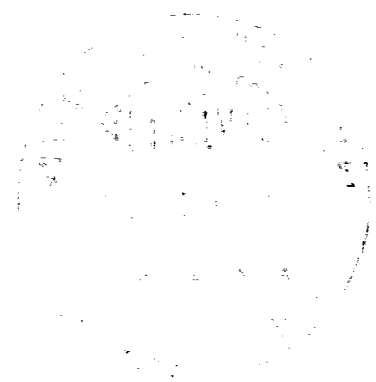
SUBSEQUENT REPORT OF:

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 type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) Plug back to Grayburg	X		

(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.) *

1. Set cast iron bridge plug @ 1800' (KB).
2. Dump 35' of cement on top of bridge plug with wireline bailer.
3. Perforate 1266' to 1280' with 4 jets per foot (KB measurements).
4. Acidize.
5. Test for production.



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

SIGNED

Ralph Nix, Jr.
Ralph Nix, Jr.

TITLE

President

DATE

2-19-87

(This space for Federal or State office use)

APPROVED BY

Acting Asst. Dir.

TITLE

DATE

2-24-87

CONDITIONS OF APPROVAL, IF ANY: