

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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"/>		5. LEASE DESIGNATION AND SERIAL NO. NM24160
2. NAME OF OPERATOR St. Mary Land & Exploration c/o Nance Petroleum		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 7168 - Billings, MT 59103		7. UNIT AGREEMENT NAME Parkway Delaware Unit
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FSL & 1980' FWL Unit Letter N		8. FARM OR LEASE NAME
14. PERMIT NO. <input checked="" type="checkbox"/> 30-015-26028		9. WELL NO. 504
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3324 KB		10. FIELD AND POOL, OR WILDCAT Parkway Delaware
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 35; T19S; R29E
		12. COUNTY OR PARISH Eddy
		13. STATE NM

16. 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"/>	

SUBSEQUENT REPORT OF:

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

1/20/00-2/07/00 MIRU WSU. Set 5 1/2" CIBP @ 4345'. Dump bail cement to 4325'. Test casing intervals suspected of having leaks with Pkr-RBP and swab to determine inflow. Determined remedial squeeze prior to running liner was not necessary. Ran 4" 10.46# L-80 FJ liner from 4328' to surface. Cement in two stages with 120 sx Class "C". Drill out cement & DV tool at 2932' to PBTD at 4297'. Run CBL. Perforate Delaware "C" zone 4198-4208' with 6 spf (60 holes). Acidize with 1000g 7.5% HCL. Frac with 36,000# 20/40 ottawa and 26,000# resin coated 20/40 ottawa sand. Clean out and run production equipment.

2/16/00 Tested 19 BO + 160 BW + 48 MCFG.



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

SIGNED Habib R. Thackery TITLE Operations Engineer DATE 3/16/00

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: _____

*See Instructions on Reverse Side