

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved
Budget Bureau No. 1004-4
Expires August 31, 1985
5. LEASE DESIGNATION AND SERIAL NO.
NM-65387

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"/>	2. NAME OF OPERATOR INDREX, Inc. ✓	3. ADDRESS OF OPERATOR 7633 E. 63rd Place, Suite 500, Tulsa, Oklahoma 74133	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	5. RECEIVED BY AUG 13 1987 O. C. D. ARTESIAN OFFICE	6. IF INDIAN, ALLOTTEE OR TRIBE NAME	7. UNIT AGREEMENT NAME	8. FARM OR LEASE NAME Four Forks Federal	9. WELL NO. 1	10. FIELD AND POOL, OR WILDCAT Wildcat-Bone Spring	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 15, T-22-S, R-25-E	12. COUNTY OR PARISH Eddy	13. STATE New Mexico
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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) First Production <input checked="" 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.)

First production from the Four Forks Federal #1 well was purchased and transported by Navajo Refining Co on 7-31-87 in the total amount of 775 bbl oil.

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

SIGNED <u>Mickey Delm</u>	TITLE <u>Agent for INDREX, Inc.</u>	DATE <u>8-11-87</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side