ACTING DISTRICT

DEPARTM_...T OF THE INTERIOR (Other in verse side)

CATIO*

Form approved, Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 0541580

GEOLOGICAL SURVEY 6. IF INDIAN, ALLOTTEE OR TRIBE NAME 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.) 7. UNIT AGREEMENT NAME WELL GAS WELL X OTHER 8. FARM OR LEASE NAME APR 27 1976 2. NAME OF OPERATOR Government T Com. Cities Service Oil Company 9. WELL NO. 3. ADDRESS OF OPERATOR LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below.)

At surface o. c. c. 10. FIELD AND POOL, OR WILDCAT N. Burt. Flts. Wlfcp. 11. SEC., T., R., M., OR BLAK. AND SURVEY OR AREA 1980'FNL & 1980'FEL of Sec. 15-T20S-R28E, Eddy Co., New Mexico Sec. 15-T20S-R28E 12. COUNTY OR PARISH | 13. STATE 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 14 PERMIT NO. 3265' DF New Mexico Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data : : 16. SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: REPAIRING WELL PULL OR ALTER CASING WATER SHUT-OFF TEST WATER SHUT-OFF ALTERING CASING FRACTURE TREATMENT MULTIPLE COMPLETE FRACTURE TREAT SHOOTING OR ACIDIZING ABANDON MENT ABANDON* SHOOT OR ACIDIZE (Other) Additional workover data CHANGE PLANS REPAIR WELL (NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Other) 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting an proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent. O.T.D. 11186' Shale PBTD 10761' Well complete. Connected to El Paso pireline @ 1:30 3 PM on 4-7-76. Flowed 230 Bbls. Dist./24 hrs + gas @ rate of 1186 MCFD thru 14/64" choke, FTP 1500#. 72 hr SITP 2895#. Flowed on 4 Pt. tests as follows: Gas Rate Time Choke 2250 MCFD 19/61," 1 hr 1800 MCFD 17/61/1 1 hr 1300 MCFD 15/64" 1740# 1 hr 680 MCFD 12/6h" 1910# 1 hr Produced 66 Bbls. of 55.20 Grav. Distillate + 0 BW during 4 hr test period. The Wolfcamp flowed on C.A.O.F. of 3887 MCFD. 18. I hereby certify that the foregoing is true and correct TITLE Region Operation Manager DATE SIGNED (This space for Federal or State office use) DATE

*See Instructions on Reverse Side