

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NEW OIL CONS. COMMISSION

Drawn DD
RECEIVED IN TRIPlicate
Other instructions on FD-
Form 3160-5 88210

Budget Bureau No. 1004-0135
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 ☐ GAS WELL ☒ OTHER ☐		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR FLORIDA EXPLORATION CO ✓		8. FARM OR LEASE NAME Chama FED. Comm	
3. ADDRESS OF OPERATOR 3151 S. VAUGHN WAY #200 AURORA COLO 80014		9. WELL NO. 1	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 780' FNL + 1350' FEL		10. FIELD AND POOL, OR WILDCAT UNDESIGNATED	
14. PERMIT NO.		11. SEC., T., R., N., OR S.E. AND SUBST OF AREA Sec 11-T22S-R2+E	
15. ELEVATIONS (Show whether OF, ST, OR, etc.) 4095' G.L.		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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACURE TREAT ☐	MULTIPLE COMPLETE ☐	FRACURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANE ☐	(Other) PRODUCTION CASING ☒	
(Other) ☐		(NOTE: Report results of multiple completion on Well Completion or Recasing 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.)

RAN 208 JTS - 4 1/2", 11.60 #, K-55, ST+C : 8744.43'
49 JTS - 4 1/2", 11.60 #, N-80, BUTTRESS : 2020.70'
SET AT 10750' K.B. CEMENTED W/ 475 SY LITE
TAILED IN WITH 200 SY CLASS 'G'. PLUG DOWN AT 8:30 AM
11/3/84. GOOD RETURNS THROUGHOUT.

RECEIVED

NOV 07 1984

NOBBS, NEW MEXICO

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

SIGNED Michael D. Anthony TITLE OPERATIONS MANAGER DATE 11/5/84
(This space for Federal or State office use)
APPROVED BY [Signature] TITLE _____ DATE _____
CONDITIONS OF APPROVAL IF ANY NOV 5 1984

Carlsbad, N.M.

*See Instructions on Reverse Side