

NM OIL COMS. COMM. ION  
UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
88210

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

415F

**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.)

<b>1. OIL WELL</b> <input checked="" type="checkbox"/> <b>GAS WELL</b> <input type="checkbox"/> <b>OTHER</b> <input type="checkbox"/> <b>2. NAME OF OPERATOR</b> PETRUS OIL Company, L. P. ✓ <b>3. ADDRESS OF OPERATOR</b> 12377 Merit Drive, Ste. 1600, Dallas, TX 75251 <b>4. LOCATION OF WELL</b> (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2310' FSL, 2170' FEL, Section 1, T21S, R27E <b>14. PERMIT NO.</b>  <b>15. ELEVATIONS</b> (Show whether DF, RT, GR, etc.)  <b>16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data</b> <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th colspan="2">NOTICE OF INTENTION TO:</th><th colspan="2">SUBSEQUENT REPORT OF:</th></tr></thead><tbody><tr><td>TEST WATER SHUT-OFF</td><td><input type="checkbox"/></td><td>WATER SHUT-OFF</td><td><input type="checkbox"/></td></tr><tr><td>FRACTURE TREAT</td><td><input type="checkbox"/></td><td>FRACTURE TREATMENT</td><td><input type="checkbox"/></td></tr><tr><td>SHOOT OR ACIDIZE</td><td><input type="checkbox"/></td><td>SHOOTING OR ACIDIZING</td><td><input type="checkbox"/></td></tr><tr><td>REPAIR WELL</td><td><input type="checkbox"/></td><td>(Other)</td><td><input type="checkbox"/></td></tr><tr><td>PULL OR ALTER CASING</td><td><input type="checkbox"/></td><td>REPAIRING WELL</td><td><input type="checkbox"/></td></tr><tr><td>MULTIPLE COMPLETE</td><td><input type="checkbox"/></td><td>ALTERING CASING</td><td><input type="checkbox"/></td></tr><tr><td>ABANDON*</td><td><input type="checkbox"/></td><td>ABANDONMENT*</td><td><input type="checkbox"/></td></tr><tr><td>CHANGE PLANS</td><td><input type="checkbox"/></td><td></td><td></td></tr></tbody></table> (Other) Intent to return well to Prod. XX (NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)		NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:		TEST WATER SHUT-OFF	<input type="checkbox"/>	WATER SHUT-OFF	<input type="checkbox"/>	FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>	SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>	REPAIR WELL	<input type="checkbox"/>	(Other)	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>		
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<b>17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS</b> (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.) *																																					

<b>5. LEASE DESIGNATION AND SERIAL NO.</b> NM 17095 <b>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</b>  <b>7. UNIT AGREEMENT NAME</b>  <b>8. FARM OR LEASE NAME</b> Government D <b>9. WELL NO.</b> 14 <b>10. FIELD AND POOL, OR WILDCAT</b> NW Fenton-Delaware <b>11. SEC., T., R., N., OR BLK. AND SURVEY OR AREA</b> Section 1, T21S, R27E <b>12. COUNTY OR PARISH</b> Eddy <b>13. STATE</b> New Mexico	
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RECEIVED

JUL 26 '89

O. C. D.  
ARTESIA, OFFICE

Current plans are to return well to a producing status and approval is requested.

RECEIVED  
JUL 10 10 58 AM '89

<b>18. I hereby certify that the foregoing is true and correct</b>		
<b>SIGNED</b> <u>Dora McLaughlin</u>	<b>TITLE</b> <u>Regulatory Coordinator</u>	<b>DATE</b> <u>July 5, 1989</u>
<small>(This space for Federal or State office use)</small>		
<b>APPROVED BY</b> <u>[Signature]</u>	<b>FOR:</b> <u>CHIEF OF BUREAU</u>	<b>DATE</b> <u>7-24-89</u>
<b>CONDITIONS OF APPROVAL, IF ANY:</b>		

\*See Instructions on Reverse Side