

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TR CATE  
(Other instructions on re-  
verse side)

Budget Bureau No. 1004-  
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM-57602

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal 15

9. WELL NO.

1

10. FIELD AND POOL OR WILDCAT

Revelation-Bone Spring

11. SEC., T., R., M., OR BLE. AND  
SURVEY OR AREA

Sec 15, T-22-S, R-25-E

12. COUNTY OR PARISH

Eddy

13. STATE  
New Mexico

1. OIL ☒ GAS ☐  
WELL WELL OTHER

2. NAME OF OPERATOR

INDREX, Inc.

3. ADDRESS OF OPERATOR

7633 E. 63rd Place, Suite 500, Tulsa, Okla

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.  
See also space 17 below.)  
At surface

2080' FNL & 1998' FEL

RECEIVED

O. C. D.  
ARTESIA, OFFICE

14. PERMIT NO.

NM-57602

15. ELEVATIONS (Show whether OF, RT, GR, etc.)

3502' GL

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) cement casing

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

(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.) \*

7-18-87 Ran 13-3/8" 61,72# casing to 550' and cemented to surface w/375 sx.

7-21-87 Ran 8-5/8" 24# casing to 2066' and cemented<sup>and 1"</sup> to surface w/1670 sx.

7-28-87 Ran 5-1/2" 15.5# casing to 4499' and cemented w/150 sx.

RECEIVED

AUG 12 10 53 AM '87

CARLSBAD DISTRICT  
ARTESIA OFFICE

ACCEPTED FOR RECORD

AUG 10 1987  
SJS

CARLSBAD, NEW MEXICO

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

SIGNED

*Michael DeLeon*

TITLE Agent for INDREX, Inc.

DATE 8-11-87

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side