

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL  
Other instructions  
verse side)

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	APR 19 '88	5. LEASE DESIGNATION AND SERIAL NO. NM-34246
2. NAME OF OPERATOR Primary Fuels, Inc. ✓		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR PO Box 569 Houston TX 77001	ARTESIA OFFICE	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1831' FNL & 2577' FEL of Section 19		8. FARM OR LEASE NAME PFI Amoco 19 Federal
		9. WELL NO. 3Y
		10. FIELD AND POOL, OR WILDCAT Happy Valley Morrow Gas
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 19, T22S, R26E
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3385.3	12. COUNTY OR PARISH Eddy
		13. STATE New Mexico

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) <u>Run &amp; cement casing</u>	<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.) \*

3/28/88 Ran 27 jts of 32# J&K-55, ST&C, 8rd EUE + 29 jts of 32# N-80 ST&C 8rd EUE  
and 8-5/8" casing & set @ 2200' KB. FC @ 2161'. Mixed & pumped 100 sx  
3/29/88 Premium Plus Thixset + 10#/sk Gilsonite + 1/4#/sk Flocele @ 13.5 ppg +  
425 sx Halco Lite Premium Plus + 1/4#/sk Flocele + 12#/sk salt @ 13.1  
ppg. Tail in w/250 sx of Premium Plus + 2% CaCl<sub>2</sub> @ 14.8 ppg. Had full  
returns thruout. Bump plug w/750 PSI, float held. Circ 40 sx cmt.  
CIP @ 1610 hrs MST. WOC. Cut off 8-5/8", nipples up csg spool & test  
to 2000 PSI. Tested hydril to 3000 PSI, rams 5000 PSI. Drld FC & cmt.

BLM WITNESS: JOSE SANCHEZ AND KATHY QUEEN

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

SIGNED Steve C. Patten

TITLE Mgr-Drilling & Production

DATE 3/30/88

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

\*See Instructions on Reverse Side

SJS