

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL
(Other instructions
reverse side)

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

45F

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"/>	2. NAME OF OPERATOR Primary Fuels, Inc. ✓	3. ADDRESS OF OPERATOR PO Box 569 Houston TX 77001	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	5. LEASE DESIGNATION AND SERIAL NO. NM-34246	6. IF INDIAN, ALLOTTEE OR TRIBE NAME	7. UNIT AGREEMENT NAME	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	12. COUNTY OR PARISH Eddy	13. STATE New Mexico
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3385.3											

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
(Other) <input type="checkbox"/> DST's	

(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.)*

04/19/88 DST NO. 2 - 10,840-894' No cushion 5"-60"-180"-360"
IH 5485#
IF 165-165#
ISI 4544# GTS 18"
FF 185-123# 1/2" choke 388-253 MCFD
FSI 3852#
FH 5485#
Rec: 120' HGC mud. 115K PPM Chl. RW .085 @ 60°
Sampler: 1500 cc Cap. - 0 PSI, .75 ft³ gas + 200 cc GC mud. Chl 115K PPM. RW .085 @ 60°. BHT 176°F @ 10822'.

04/21/88 DST NO. 3 - 10966-11100' No cushion 5"-60"-90"-90"
IH 5685
IF 356-356
ISI 4740
FF 377-356
FSI 4761
FH 5664
Rec: 340' GCM. Chl 115000 PPM. RW .085 @ 60°
Sampler: 1500cc Cap. Rec 4.682 ft³ gas + 100 cc GCM @ 600 PSI.
RW - same as above. BHT 178°F @ 10942'.

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

SIGNED Steve C. Parks

TITLE Mgr-Drilling & Production

DATE 4/22/88

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side

SJS