Form 3160-5
(November 1983)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE* (Other instructions on reverse side)

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

5. LEASE DESIGNATION AND SERIAL NO.
NM-76919

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 [X] OTHER

RECEIVED

7. UNIT AGREEMENT NAME

2. NAME OF OPERATOR
Bill Fenn, Inc.

8. FARM OR LEASE NAME
Roaring Spring Fed. Com.

3. ADDRESS OF OPERATOR
P. O. Drawer 569, Giddings, Texas 78942

DEC 22 '89

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
1650' FNL & 990' FWL

O. C. D.
ARTESIA, OFFICE

10. FIELD AND POOL, OR WILDCAT
Indian Basin Morrow

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 14, T-21-S, R-23-E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3791.6 GR

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	[ ]
FRACTURE TREAT	[ ]	MULTIPLE COMPLETE	[ ]	FRACTURE TREATMENT	[ ]	ALTERING CASING	[ ]
SHOOT OR ACIDIZE	[ ]	ABANDON*	[ ]	SHOOTING OR ACIDIZING	[ ]	ABANDONMENT*	[ ]
REPAIR WELL	[ ]	CHANGE PLANS	[ ]	(Other) Cisco Completion			[XX]
(Other)				(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.)*

5-24-89 Cisco Completion Perfs 7460-7478 10 holes. Acidize with 5000 gallons 15% MCA 1000 SCF nitrogen per barrell flow test well. Reperf. 7438-7446 5 holes. Acidize with 1000 gallons 15% MCA flow test well.

RECEIVED
DEC 22 1989
O. C. D.
ARTESIA, OFFICE

AMS

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

SIGNED Kim Mayer TITLE Agent DATE December 13, 1989

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.