

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

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 Bill Taylor		3. ADDRESS OF OPERATOR 1106 N. Country Club, Carlsbad, NM 88220		4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2310' FSL & 1650' FEL		5. LEASE DESIGNATION AND SERIAL NO. NM01119		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3294' GL		7. UNIT AGREEMENT NAME		8. FARM OR LEASE NAME Welch Federal		9. WELL NO. Taylor 8, 3001527085		10. FIELD AND POOL, OR WILDCAT Cedar Hills Yates	
12. COUNTY OR PARISH EDDY		13. STATE NM		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 5-T21S-R27E, NMPM		16. RECEIVED SEP 14 8 11 AM '93 DRAWER DD ARTESIA, NM 88210					

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 PLANE <input type="checkbox"/>	(Other) Cement Surface Casing <input checked="" type="checkbox"/>					
(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.)

8/27/93: Landed 352' of 8 5/8", K-55, 32#, casing on boulder in 12 1/4" hole; Pumped 125 +/- sks. Class B, Type II, cement through casing, followed by plug; cement did not circulate.

8/30/93: Tagged TOC at 77' and received onsite instructions on 1"ing to surface through chasm above.

9/01/93: Placed 25 sks. Class B, Type II cement through 1" tubing after washing sedimentation off TOC.

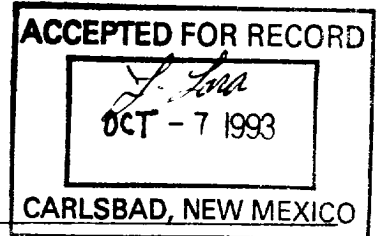
9/02/93: Tagged TOC at 44'; Placed 22 sks. through tubing at 44'.

9/03/93: Tagged TOC at 31'; Placed 11 sks. through tubing at 31'. poured 1/2 yard, +/-, pea gravel.

9/04/93: Tagged TOC at 29';

9/04 through 9/10/93: Program of placing 40 sks. Class B cement and 8, +/-, yards pea gravel, 4 sks. cement and 1/2 to 3/4 yard pea gravel at a time, until cement filled to bottom of cellar at 6' on 9/10/93.

BLM was kept apprised of ongoing activity.



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

SIGNED Bill Taylor TITLE Operator DATE 9/14/93

(This space for Federal or State office use)

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

*See Instructions on Reverse Side