

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division

811 S. 1st Street
Artesia, NM 88210-2834FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

Lease Designation and Serial No.

NM0331649(A)

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

RAM EWE FEDERAL #3

9. API Well No.

30-015-27737

10. Field and Pool, or Exploratory Area

Happy Valley, Delaware

11. County or Parish, State

Eddy County, NM

SUNDRY NOTICES AND REPORTS ON WELLS

not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

Name of Operator

DUIS DREYFUS NATURAL GAS CORP

Address and Telephone No.

4000 Quail Springs Parkway, #600, OKC, OK 73134

Location of Well (Footage, Sec., T., R., M., or Survey Description)

700' FSL & 1980' FEL Sec. 33-22S-26E

DEC 10 '96

(405) 749-5251

CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☐
- Notice of Intent
-
- ☒
- Subsequent Report
-
- ☐
- Final Abandonment Notice

TYPE OF ACTION

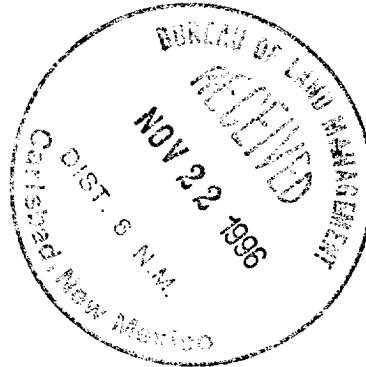
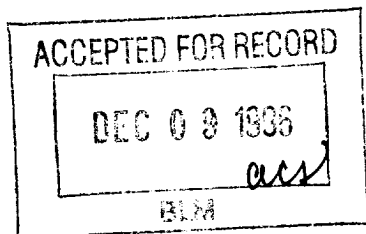
- ☐
- Abandonment
-
- ☐
- Recompletion
-
- ☐
- Plugging Back
-
- ☐
- Casing Repair
-
- ☐
- Altering Casing
-
- ☒
- Other Run 5-1/2" casing.

- ☐
- Change of Plans
-
- ☐
- New Construction
-
- ☐
- Non-Routine Fracturing
-
- ☐
- Water Shut-Off
-
- ☐
- Conversion to Injection
-
- ☐
- Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)

11/3/96 Ran 71 jts. of 5-1/2" 15.5# J-55 LT&C casing (3085') to TD @ 3055'. Cement production casing w/350 sx 35/65 Poz "C" w/6% gel, 1/4# per sx celloflake. Tailed in w/150 sx of Self Stress 10/10 w/1/4# per sx celloflake & 2% defoamer. Plug down - circulate 165 sx to pit.



I hereby certify that the foregoing is true and correct

Signed Raylene SmithTitle Production AnalystDate 11-19-96

(This space for Federal or State office use)

Approved by _____
Conditions of approval, if any:

Title _____

Date _____

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.

*See Instruction on Reverse Side