

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division
311 S. 1st St. at
ART 2 NM 88210-2834

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

C157

SUNDRY NOTICES AND REPORTS ON WELLS

Do 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

1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. <u>NM 29414-A</u>
2. Name of Operator <u>W. A. MONCRIEF, JR.</u>	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. <u>MONCRIEF BUILDING, NINTH @ COMMERCE, FT. WORTH, TX. 76102</u> (817)336-7232	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) <u>487' FNL AND 1620' FWL SECTION 23, T24S, R24E</u>	8. Well Name and No. <u>RIDGE FEDERAL #1</u>
	9. API Well No. <u>30-015-24175</u>
	10. Field and Pool, or Exploratory Area <u>BALDRIDGE CANYON</u>
	11. County or Parish, State <u>EDDY, NEW MEXICO</u>

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input checked="" type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other <u>POSSIBLY ADD</u>
	<u>ADDITIONAL PERFS.</u>
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

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

13. 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.)*

REPAIR TUBING LEAK.
REPAIR POSSIBLE CASING LEAK.
FRACTURE TO STIMULATE WELL.
POSSIBLE ADDITIONAL PERFORATIONS, IF FRAC DOES NOT PERFORM (10,810 - 824').
WELL WILL REMAIN A MORROW WELL WITH THESE ADDITIONAL PERFORATIONS.

RECEIVED
OCD - ARTESIA

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

Signed [Signature] Title ENGINEER Date 2/19/98

(This space for Federal or State office use)

Approved by (ORIG. SGD.) LES BABYAK Title PETROLEUM ENGINEER Date MAR 30 1998

Conditions of approval, if any: