

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse 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"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR NED MADDOX	8. FARM OR LEASE NAME Enfield Federal
3. ADDRESS OF OPERATOR 310 C & K Petroleum Building, Midland, Texas 79702	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 660' FSL & 810' FEL SE/4 SE/4	10. FIELD AND POOL OR WILDCAT Wildcat Indes. Bone Spring
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3054.0' GR
	12. COUNTY OR PARISH Eddy
	13. STATE N.M.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other) Change int. hole size

XX

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

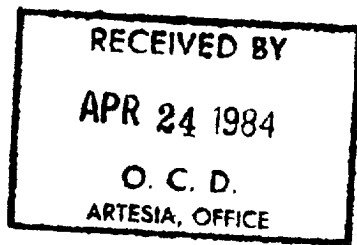
ABANDONMENT*

(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.)*

NED MADDOX requests to change the hole size on the intermediate string from 11" to 12 1/4".



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

SIGNED

Jerry W. Frank

TITLE

Agent

DATE

4/17/84

(This space for Federal or State office use)

APPROVED BY

[Signature]

TITLE

AREA MANAGER
CARLSBAD REGIONAL OFFICE

DATE

4-19-84

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side