

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

STANDARD FORM NO. 64
SUBMIT IN TRIPLICATE
(Other Instructions on Reverse Side)

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 or to otherwise alter a well.
Use "APPLICATION FOR PERMIT" for such purposes.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM-20359	
2. NAME OF OPERATOR Ned Maddox		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 310 C&K Petroleum Bldg., Midland, Texas 79701		7. UNIT AGREEMENT NAME	
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 Unit Letter P		8. FARM OR LEASE NAME Enfield Federal	
14. PERMIT NO. none shown on approved application		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3054' G.L.		10. FIELD AND POOL, OR WILDCAT Unders. Bone Spring	
		11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA Sec. 17, T-24-S, R-28-E	
		12. COUNTY OR PARISH Eddy	
		13. STATE N.M.	

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>

(Other) Spud & run surface casing

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input 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.)*

4		5-3	Drilling @ 65'
4-23	Building roads & location	5-4	Rigging up rotary at TD 65'; RD & moved out cable tools
4-24	" " " "	5-5	Drilling 17-1/2" hole @ 370'; spudded with rotary @ 5:00 P.M. 5-4-84
4-25	Roads & location complete	5-6	Drilling @ 430'; drilled to 422'; ran 11 jts 13-3/8" 54.5# J-55 ST&C casing set @ 422'; cemented w/425 sx Class "C" cement w/2% calcium chloride; cement circulated; WOC 14 hrs
4-26	WORT	5-7	Drilling 12-1/4" hole @ 511' (down 22 hrs rig repair)
4-27	WORT	5-8	Drilling @ 951'
4-28	WORT		
4-29	Drilled 24" hole to 40' w/Permian Rat Hole Service; set & cemented 20" conductor pipe at 40'; moving in cable tools & rigged up		
4-30	Spudded 13" hole; drilled until 1:00 A.M. 5-1-84		
5- 1	Drilling @ 47'		
5- 2	Drilling @ 57'		

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

SIGNED Audra B. Cary
(This space for Federal or State office use)

TITLE Agent

DATE May 8, 1984

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____
ACCEPTED FOR RECORD

*See Instructions on Reverse Side

MAY 14 1984