Form 3160-5 (November 1983) Formerly 9-331)

16

## UNITED STATES BUBBLET INTERIOR TO COLOR TO COLO

S. LEASE DESIGNATION AND SERIAL NO. NM-13233 6. IF INDIAN, ALLOTTEE OR TRIBE NAME

| EPARTMEN  | 75 ( | 1115 1111 - |          |           | 1       | 0 1. | ,,  |
|-----------|------|-------------|----------|-----------|---------|------|-----|
|           | IAND | MANAGEME    | <u> </u> |           |         |      |     |
| BUREAU OF | LAND |             |          | > 001 1 C | 0.0     | D    | j.  |
| BUREAU OF | AND  | REPORTS     | ON       | WELLS     | TE C1 A |      | EK. |

SUNDRY NOTICES AND REPORTS ON WELLS OF CO. D.

| SUNDRY NOTICE   | to drill or to deepen or plug back to a differentiable of reach proposals.)  ADI #30-015-27083   | T, UNIT AGREEMENT NAME                   |   |  |
|---|--|--|---|--|
| OIL XX GAB OTHER  | API #30-015-27083  | 8. FARM OR LEASE NAME Hallwood Feder     | eral  |  |
| 810 South Cincinnati, St  | ind Creek Resources, Inc.  ADDRESS OF OFSEATOR  10 South Cincinnati, Suite 110 Tulsa, Oklahoma 74119  10 South Cincinnati, Suite 110 Tulsa, Oklahoma 74119 |  | 9. WELL NO.  1  10. FIELD AND FOOL, OR WILDCAT  E. Loving Delaware  11. SEC. T., B., M., OR BLK. AND SURVEY OR ARMA |  |
| See also space 17 below.)  At surface  990' FSL, 660  Sec. 3 T23S R | ' FEL, Unit P  | Sec. 3 T23S R  12. COUNTY OF PARISE Eddy | .28E  |  |

|          | propriate Box To Indicate No | ature of Notice, | Report, or Other | Data   |      |
|----------|------------------------------|------------------|------------------|--------|------|
| neck Api | propriate Box to indicate in |                  | THEOPERUB        | EBPORT | of : |

| Check Appropriate box to indicate the |          |   | SUBSEQUENT EMPORT OF : |  |  |  |
|---------------------------------------|----------|---|------------------------|--|--|--|
| KOZ                                   | CB OF 11 | OF KOITKETH                               |                        | REPAIRING WELL   |  |  |
| TEST WATER SEUT-OFF<br>FRACTURE TREAT |          | PULL OR ALTER CABING<br>MULTIPLE COMPLETE |                        | WATER SECT-OFF  FRACTURE TREATMENT  SECOTING OR ACIDISING  X   |  |  |
| SHOOT OF ACIDIES                      |          | ABANDON®<br>Change Plans                  |                        | (Other) Surface Casing (Nors: Report results of multiple completion on Well (Nors: Report results of multiple completion on Well |  |  |
| (Other)                               |          | onsections (Clearly state                 | all per                | Completion or Recompletion was timent details, and give pertinent dates, including estimated date of starti                      |  |  |

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 sones pertinent to this work.) \*

9-15-92 MIRU Grace #189. Spud 12.25" hole, drilled @ 0-314'. TOH w/ bit. Ran 8 jts. 8.625", 24#, J-55 csg., set @ 0-314'.

9-16-92 By Western, cemented w/ 225 sxs. "C" cmt., 2% CaCl. Bumped plug. Circulated 96 sxs. to pit. SD, WOC 18 hrs. Cut csg., NUWH, NUBOP. Tested BOP and csg. 0 1000#, 1.25 hr., held OK. TIH w/ 7.875" bit, prepare to drill out cmt. and drill new hole to TD 6350'.

|   |                         | 918-582-3855 |
|---|-------------------------|--------------|
| SIGNED  | TITLE Brad Burks, Agent | DATE 9-17-92 |
| (Thir space for Federal or State office use)  APPROVED BY CONDITIONS OF APPROVAL, IF ANT: | TITLE                   | DATE         |

## \*See Instructions on Reverse Side