

UNITED STATES DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY  
NM OIL CONS. COM. SION.  
Artesia, NM 88210

Form approved.  
Budget Bureau No. 42-R1424.

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. NM-0558959
2. NAME OF OPERATOR Alpha Twenty-One Production Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 2100 First National Bank Building, 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 1986' FNL & 330' FEL Section 4		8. FARM OR LEASE NAME BR4 Federal
14. PERMIT NO. Approved 2-22-73		9. WELL NO. 3
15. ELEVATIONS (Show whether DF, RT, CR, etc.) 3773.5 RKB		10. FIELD AND POOL, OR WILDCAT Washington Ranch Delaware
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 4: T-26-S, R-24-E
		12. COUNTY OR PARISH 13. STATE Eddy New Mexico

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

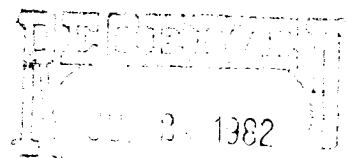
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* Temporary x	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(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.)\*

In order to produce this well, we have to use a compressor and H<sub>2</sub>S Treatment facilities. This has made the well uneconomical to operate under present pricing and cost conditions. We request Temporary Abandonment Status as of August 1, 1982.

The well will be capped but not plugged and all surface equipment will be removed.



OK & GAS  
U.S. GEOLOGICAL SURVEY  
ROSWEIL, NEW MEXICO

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

SIGNED <u>Tommy Phillips</u> (This space for Federal or State use)	TITLE <u>Executive Vice President</u>	DATE <u>7-22-82</u>
APPROVED BY <u>JAMES A. GILLHAM</u> CONDITIONS OF APPROVAL, IF ANY: NOV 16 1982 FOR JAMES A. GILLHAM*See Instructions on Reverse Side DISTRICT SUPERVISOR	TITLE <u>APPROVED</u> DATE <u>1983</u>	