

**N.M.O.C.D. COPY**  
**UNITED STATES**  
**DEPARTMENT OF THE INTERIOR**  
**GEOLOGICAL SURVEY**

SUBMIT IN TRIPLICATE  
(Other instructions on reverse side)

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.)

|  |   |
|--|---|
| <p>1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER</p> <p>2. NAME OF OPERATOR<br/>Florida Exploration Company ✓</p> <p>3. ADDRESS OF OPERATOR<br/>Suite 900 Vaughn Bldg, Midland, TX 79701</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)<br/>At surface<br/><br/>1980' FSL &amp; 1980' FEL</p> <p>14. PERMIT NO.</p> | <p>5. LEASE DESIGNATION AND SERIAL NO.<br/>11042</p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME<br/>Ross Draw Unit</p> <p>8. FARM OR LEASE NAME<br/>Ross Draw Unit</p> <p>9. WELL NO.<br/>7</p> <p>10. FIELD AND POOL, OR WILDCAT<br/>Ross Draw Wolfcamp</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br/>Sec 26, T26S, R30E</p> <p>12. COUNTY OR PARISH<br/>Eddy</p> <p>13. STATE<br/>NM</p> |
| <p>15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br/>3019.5' GL</p>   |   |

**RECEIVED**

JUL 29 1981

O. C. D.  
ARTESIA, OFFICE

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

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

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

(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.)\*

Perforate from 11,850 to 11,862'. Pressure up and swab. A treatment will not be decided until after perforation and swabbing or jetting.

Open perforation in the Wolfcamp will be from 11,850' to 12,090'.

Verbal approval from Peter W. Chester on July 23, 1981.

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JUL 24 1981

OIL & GAS  
U.S. GEOLOGICAL SURVEY  
ROSWELL, NEW MEXICO

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

SIGNED Roger A. Chapman TITLE Division Engineer DATE 7-23-81

(This space for Federal or State office use)

ACCEPTED FOR RECORD  
ROGER A. CHAPMAN

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

JUL 27 1981

U.S. GEOLOGICAL SURVEY  
ROSWELL, NEW MEXICO

See Instructions on Reverse Side