

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

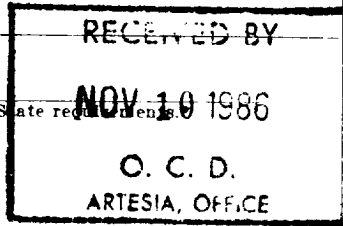
FORM IN PRELIMINARY  
INSTRUCTION

Expires August 31, 1988  
5. LEASE DESIGNATION AND SERIAL NO.

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> <u>Dry Hole</u>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR <u>Ford Chapman &amp; Associates</u>		8. FARM OR LEASE NAME <u>Gulf Federal "A"</u>	
3. ADDRESS OF OPERATOR <u>P. O. Box 2376 - Midland, Texas 79702</u>		9. WELL NO. <u>1</u>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State regulations. See also space 17 below.) <u>At surface</u>		10. FIELD AND POOL, OR WILDCAT <u>Brushy Draw Delaware</u>	
14. PERMIT NO. <u>30-DIS-23468</u>		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 12, T26S, R29E</u>	
15. ELEVATIONS (Show whether DF, RT, GR, etc.)		12. COUNTY OR PARISH <u>Eddy</u>	
		13. STATE <u>NM</u>	



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"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" 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.)

Plugged as follows:

150' cement plug @ total dept  
cut & pull 4 1/2" casing from 2718  
100' cement plug across 4 1/2" casing stub  
100' cement plug 1350 to 1450  
100' cement plug across 10 3/4" casing shoe @ 363  
15 sack plug at surface with regulation marker  
Mud between all plugs  
Location cleared and levelled.

TD-32321

Post TD-2  
10-24-86  
PLA

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

SIGNED <u>[Signature]</u>	TITLE <u>Agent</u>	DATE <u>10-10-86</u>
(This space for Federal or State office use)		
APPROVED BY <u>[Signature]</u>	TITLE <u></u>	DATE <u>11-4-86</u>
CONDITIONS OF APPROVAL, IF ANY:		

\*See Instructions on Reverse Side