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BUREAU OF LAND MANAGEMENT
ARTESIA, NM 88210

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
Artesia, NM 88210

Expires August 31, 1985
LEASE DESIGNATION AND SERIAL NO.
NM-27647

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. ARTESIA, OFFICE
WELL ☒ GAS WELL ☐ OTHER ☐
2. NAME OF OPERATOR
Penta Exploration Company
3. ADDRESS OF OPERATOR
310 West Texas, Suite 210, Midland, Texas 79701
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
760' FSL and 660' FWL, SW/4 SW/4 Unit Letter M
14. PERMIT NO.
15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3082.7' GR

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Exxon Federal
9. WELL NO.
1
10. FIELD AND POOL, OR WILDCAT
Wildcat - Bone Springs
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Section 31, Township 25
South, Range 30 East
12. COUNTY OR PARISH
Eddy
13. STATE
New Mexico

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

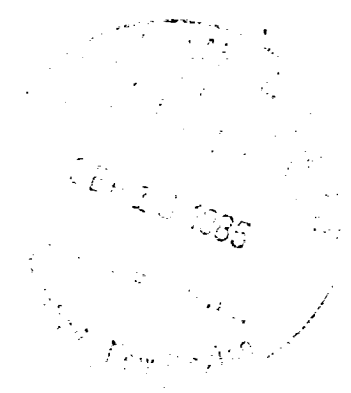
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>	(Other) <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.) *

8-6-85 Perforate 7321', 7322', 7323', 7324', 7325', 7326', 7327', 7328', 7329', 7330', 7331', 7332', 7333', 7334', 7335', 7336', 7337', 7338' (18 shots)
Spotted 250 bbls 7½% spearhead acid. Treated with 1764 gallons 10% NeFe, ISIP 700#. Average job pressure 2200#. Average rate 3.5 bbls/min. Maximum treating pressure 2800#.

8-13-85 Acidize with 1500 gallons 20% NeFe, average job pressure 2030#, average rate 4.3 bbls/min. Maximum treating pressure 5000#.



18. I hereby certify that the foregoing is true and correct
SIGNED RIC BELL TITLE Vice-President DATE 9-12-85
(This space for Federal or State office use)

APPROVED BY ACCEPTED FOR RECORD TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY
SEP 17 1985
*See Instructions on Reverse Side