

RECEIVED BY

BUREAU OF LAND MANAGEMENT

AUG 28 1985 SUNDAY 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.)

C. C. D.

ARTESIA OFFICE

OTHER

2. NAME OF OPERATOR

Challenger Energy, Inc.

3. ADDRESS OF OPERATOR

P.O. Box 1262, Artesia, New Mexico 88210

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
Specify space in brackets.)
A. SURFACE

990' FSL & 2310' FWL, Section 22

(Unit N)
(SE $\frac{1}{4}$ SW $\frac{1}{4}$)

14. PERMIT NO.

15. ELEVATION (Show whether on, at, or near)

2891.9

NM-22634

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. NAME OF LEASE NAME

Mobil "22" Federal

9. WELL NO.

#5

10. FIELD AND POOL, OR WILDCAT

Brushy Draw

11. SEC., T., R., E., OR SW., AND
SURVEY OR AREA

Sec. 22, T-26E, R-29E

12. COUNTY OR PARISH 13. STATE

Eddy

NM

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

NOTICE OF INTENTION TO

SUBSEQUENT REPORT OF:

PLUG BACK SHUT-OFF

PLUG OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRAC TREATMENT

MULTIPLE COMPLETION

FRAC TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT

SHOOTING OR ACIDIZING

ABANDONMENT*

RE PLUG WELL

CHANGE PLANS

(Other)

(Note: Report results of multiple completion on Well
Completion or Recompletion Report and log form.)

17. DETAILS PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any
operation work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent
to this work.)*

8/18/85

Fraced with 6300 gals 2% KCL with 30# per 1000 gals cross link gel
120,000# 20/40 sand and 20,000# 12/20 sand
Average rate 48 bbls per minute
Aver pressure 1200#
Maximum pressure 2000#
Shut in and run final temperature survey
Indicated treatment 4926-5040 with no communication
Shut in overnight



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

SIGNED Victoria J. Lee

TITLE Production Clerk

DATE 8/19/85

(This space for Federal or State office use)

APPROVED BY ACCEPTED FOR RECORD
COMMISSIONER OF APPEALS

TITLE

DATE

AUG 23 1985

*See Instructions on Reverse Side