

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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 checked="" type="checkbox"/> OTHER <input type="checkbox"/>		RECEIVED BY JUL - 2 1986 O. C. D. ARTESIA, OFFICE	5. LEASE DESIGNATION AND SERIAL NO. NM-0438001
2. NAME OF OPERATOR Earle M. Craig, Jr. Corporation ✓			6. IF INDIAN, ALLOTTEE OR TRIBE NAME ---
3. ADDRESS OF OPERATOR P. O. Box 1351, Midland, Texas 79702-1351			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 660' FSL & 660' FEL OF Section 18			8. FARM OR LEASE NAME Spitfire "18"
14. PERMIT NO. 30-015-25455		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3199.2' GL	9. WELL NO. 1
			10. FIELD AND POOL, OR WILDCAT Undesignated Phantom Draw (Wolfcamp)
			11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 18, T-26-S, R-31-E
			12. COUNTY OR PARISH Eddy
			13. STATE NM

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 type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Evaluation to determine stimulation treatment <input checked="" 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.)

05 March 86 - 8700# SITP. Welded flowline from wellhead to G.P.U. Installed 10,000# WP Hi-Lo safety valve.

06 March 86 - W.O. pipeline - removed obstruction (pig).

07 March 86 - Open well to sales line @ 12:30 p.m. to check rates for stimulation determination.

08 March 86 - FTP 750#/psig, 20/64" choke, gas rate 158 MCFPD

09 March 86 - FTP 750#/psig, 24/64" choke, gas rate 160 MCFPD

10 March 86 - FTP 750#/psig, 24/64" choke, gas rate 164 MCFPD

11 March 86 - FTP 725#/psig, 30/64" choke, 164 MCFPD, 1 BO, 0 BW

ACCEPTED FOR RECORD

[Signature]
JUL 1 1986

18. I hereby certify that the foregoing is true and correct. CARLSBAD, NEW MEXICO

SIGNED *[Signature]* TITLE Manager, Drilling & Production DATE 14 April 1986

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side