

UNITED STATES **BLM** - **CA** **SUBMIT IN TRIPLICATE**  
(Other instructions on reverse side)  
**DEPARTMENT OF THE INTERIOR**  
**BUREAU OF LAND MANAGEMENT**

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

clsf

**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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	<b>RECEIVED BY</b>  <b>JUL - 2 1986</b>
2. NAME OF OPERATOR Earle M. Craig, Jr. Corporation ✓	
3. ADDRESS OF OPERATOR P. O. Box 1351, Midland, Texas 79702-1351 O. C. D.	
4. LOCATION OF WELL (Report location clearly and in accordance with any State Agency Office See also space 17 below.) At surface 660' FSL & 660' FEL OF Section 18	

5. LEASE DESIGNATION AND SERIAL NO. NM-0438001 ✓	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME --	
7. UNIT AGREEMENT NAME --	
8. FARM OR LEASE NAME Spitfire "18"	
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

14. PERMIT NO. 30-015-25455	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3199.2' GL
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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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>	(Other) casing and tbg. strings <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.) \*

21 January 86 - T.D. 6 1/8" hole w/bit No. 13 @ 13,056' KB.

21-22 January 86 - Ran 304 jts. 4 1/2" csg. from top to bottom as follows: 2355.15', 11.60#/ft N-80 buttress, 7323.06' 11.60#/ft N-80, LT&C csg. Ruff coated and centralized csg. from 12,451'-12,581' and 12,842'-12,924'. Csg. landed @ 13,056'. Cmdt. w/325 sx CI-"H" + 1.25% Flo-Lok I + .1% WR-2 + .2% AFS. Slurry wt 15.8 ppg, yield 1.14 ft<sup>3</sup>/sx. Plug down 9:45 a.m. 22 January 1986. PBDT 12,991'

23 January 86 - Ran in hole w/397 jts. 2-3/8", 4.70#/ft N-80, EVE tbg w/AB modified cplgs. Tbg landed @ 12,276.32' KB. Watched into Otis 4 1/2" WB packer set @ 12,277.91'

ACCEPTED FOR RECORD

*GRD*  
JUL 1 1986

CARLSBAD, NEW MEXICO

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

SIGNED *James E. Wiley*

TITLE Manager, Drilling & Production DATE 11 April 1986

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

\*See Instructions on Reverse Side