

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other Instructions)

EXPIRY MONTH NO. 1000-0133
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS

(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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. NM-22634
2. NAME OF OPERATOR Challenger Energy, Inc. ✓	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 1262, Artesia, NM 88211-1262	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) A: surface 330' FSL & 990' FWL of Sec. 22	8. FARM OR LEASE NAME Mobil "22" Federal
14. PERMIT NO.	9. WELL NO. #9
15. ELEVATIONS (Show whether DE, RT, GR, etc.) 2886.0	10. FIELD AND POOL, OR WILDCAT Brushy Draw Delaware
	11. SEC., T., R., M., OR B.L.K. AND SURVEY OR AREA Sec. 22, T-26S, R-29E
	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 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 PLANS <input type="checkbox"/>	(Other) casing & cement <input checked="" type="checkbox"/>	

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

17. DESCRIBE PROPOSED OR COMPLETED OPERATION. (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.)*

Well was spudded on 4/24/86 at 7:00 pm

4/30/86 Ran 385' of 8 5/8", 23# casing set at 365'
Cemented with 225 sks Class "C" with 2% CaCl, 1/4# flocele
Plug down at 7:00 pm 4/30/86
Circulated 25 sks, pressure tested 500# for 30 min. - Held

4/17/86 Ran 6128' of 5 1/2", 15.50# casing set at 6120'
Cemented with 215 sks of Light weight #3, with 1/4# D-29, and 320 sks self stress 1 with 4.7# D-44, 4# salt, 1/4# D-29, .5% D-127 flac, and 180 sks self stress 1 with 1% F-1
Plug back 6091', DV tool at 5215'
Plug down 1:00 pm on 5/18/86, pressure tested 1200# for 30 min. - Float held

ACCEPTED FOR RECORD

SWD
JUN 5 1986

CARLSBAD, NEW MEXICO

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

SIGNED *Vickie Saul* TITLE Production Clerk DATE 6/3/86

(This space for Federal or State office use)

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

*See Instructions on Reverse Side