

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

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"/> | | 5. LEASE DESIGNATION AND SERIAL NO. NM-011639 | |
| 2. NAME OF OPERATOR Kimbell Oil Company of Texas | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME | |
| 3. ADDRESS OF OPERATOR P.O. Box 1097, Farmington, New Mexico 87499 | | 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 990' FSL and 990' FEL Unit Letter P Sec 5, T25N, R7W | | 8. FARM OR LEASE NAME Liberman | |
| 14. PERMIT NO. | | 9. WELL NO. 1 | |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6407' GR | | 10. FIELD AND POOL, OR WILDCAT Basin Dakota | |
| | | 11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA Sec 5, T25N, R7W | |
| | | 12. COUNTY OR PARISH Rio Arriba | |
| | | 13. STATE NM | |

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 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 checked="" type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <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.)*

- 4/4/88 - set bridge plug at 6400'
- 4/5/88 - roll hole with 9.2#, 40 vis mud. pressure test to 500 psi, held. spot cement plug 6400'-6350' inside 5 1/2" casing. perforated @5415', cement plug @5415'-5315' inside & outside 5 1/2". perforated @3811', cement plug @3811'-3711' inside & outside the 5 1/2". perforated @3120' and spot cement plug @3120'-3020' inside & outside the 5 1/2". spotted cement plug @2255'-1645' inside 5 1/2".
- 4/6/88 - TIH to tag, tagged cement @1667'. perforated @1546'. spot cement plug @1667'-1446'. used 15.2# cement. perforated @285', circulated down casing up Bradenhead, circulated cement to surface. completed plugging at 11:30 am. permanent monument in place at 3:00 pm.
- 4/15/88 - all surface rehabilitation stipulations complete except seeding and purchasers equipment removed.

Approved as to placement of the well bore.
Liability under BLM Act for the well bore
surface rehabilitation is completed.

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

SIGNED Susan M. Loett

TITLE Production Superintendent

DATE April 28, 1988

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE APR 29 1988

*See Instructions on Reverse Side

NMOC