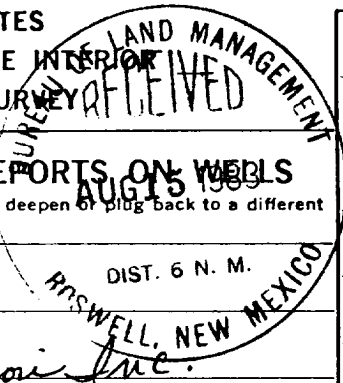


Form 9-331
N. M. OIL & GAS COMMISSION
 P. O. BOX 1980
 HOBBS, NEW MEXICO 88240

Form Approved.
 Budget Bureau No. 42-R1424

UNITED STATES
 DEPARTMENT OF THE INTERIOR
 GEOLOGICAL SURVEY



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 Form 9-331-C for such proposals.)

1. oil well gas well other DIST. 6 N. M.
2. NAME OF OPERATOR
Beach Exploration Inc.
3. ADDRESS OF OPERATOR
800 N. Marienfeld Suite 200 Midland
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
 AT SURFACE:
 AT TOP PROD. INTERVAL:
 AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

- | | | | |
|--------------------------|--------------------------|-----------------------|--------------------------|
| REQUEST FOR APPROVAL TO: | | SUBSEQUENT REPORT OF: | |
| TEST WATER SHUT-OFF | <input type="checkbox"/> | | <input type="checkbox"/> |
| FRACTURE TREAT | <input type="checkbox"/> | | <input type="checkbox"/> |
| SHOOT OR ACIDIZE | <input type="checkbox"/> | | <input type="checkbox"/> |
| REPAIR WELL | <input type="checkbox"/> | | <input type="checkbox"/> |
| PULL OR ALTER CASING | <input type="checkbox"/> | | <input type="checkbox"/> |
| MULTIPLE COMPLETE | <input type="checkbox"/> | | <input type="checkbox"/> |
| CHANGE ZONES | <input type="checkbox"/> | | <input type="checkbox"/> |
| ABANDON* | <input type="checkbox"/> | | <input type="checkbox"/> |
| (other) <i>Workover</i> | | | |

5. LEASE
Arco-Federal LC-063477
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Arco-Federal
9. WELL NO.
1
10. FIELD OR WILDCAT NAME
Sawyer (San Andres) Assoc
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
25 T9S R37E
12. COUNTY OR PARISH | STATE
Lea | N.M.
14. API NO.
30-025-28130
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3500.8'

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)*

8-11-83 Plan rods and pumps, hung on at 10:30 A.M. Released rig, now pumping back load. Final Report

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

18. I hereby certify that the foregoing is true and correct
 SIGNED *Linda Wooten* TITLE *Agent* DATE *8-12-83*

APPROVED BY _____ TITLE _____ DATE _____
 CONDITIONS OF APPROVAL: **ACCEPTED FOR RECORD**
PETER W. CHESTER
AUG 30 1983

*See Instructions on Reverse Side

SEP 28 1983
HOBBS OFFICE

RECEIVED
SEP 28 1983
C.C.D.
HOBBS OFFICE