

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-041-20514
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. L-5048
7. Lease Name or Unit Agreement Name Lambirth State
8. Well No. 1 SWD
9. Pool name or Wildcat Peterson Fusselman, South

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" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER SWD
2. Name of Operator EP Operating Limited Partnership
3. Address of Operator 6 Desta Drive, Suite 5250, Midland, TX 79705-5510

4. Well Location
Unit Letter H : 1980 Feet From The North Line and 510 Feet From The East Line
Section 36 Township 5S Range 32E NMPM Roosevelt County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4400' GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <u>Convert to Disposal Well</u> <input checked="" type="checkbox"/>

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Work performed from 3/16/94 to 4/7/94:
POH, laid down rods and tubing. Perforated Fusselman, 4 JSPF, from 7795'-7810'. Set packer at 7736'. Acidized w/6000 gals. 15% NEFE acid. Ran State test on annulus. Reacidized w/10,000 gals. 20% NEFE gelled acid. Hooked up surface equipment for water disposal.

SWD-535

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

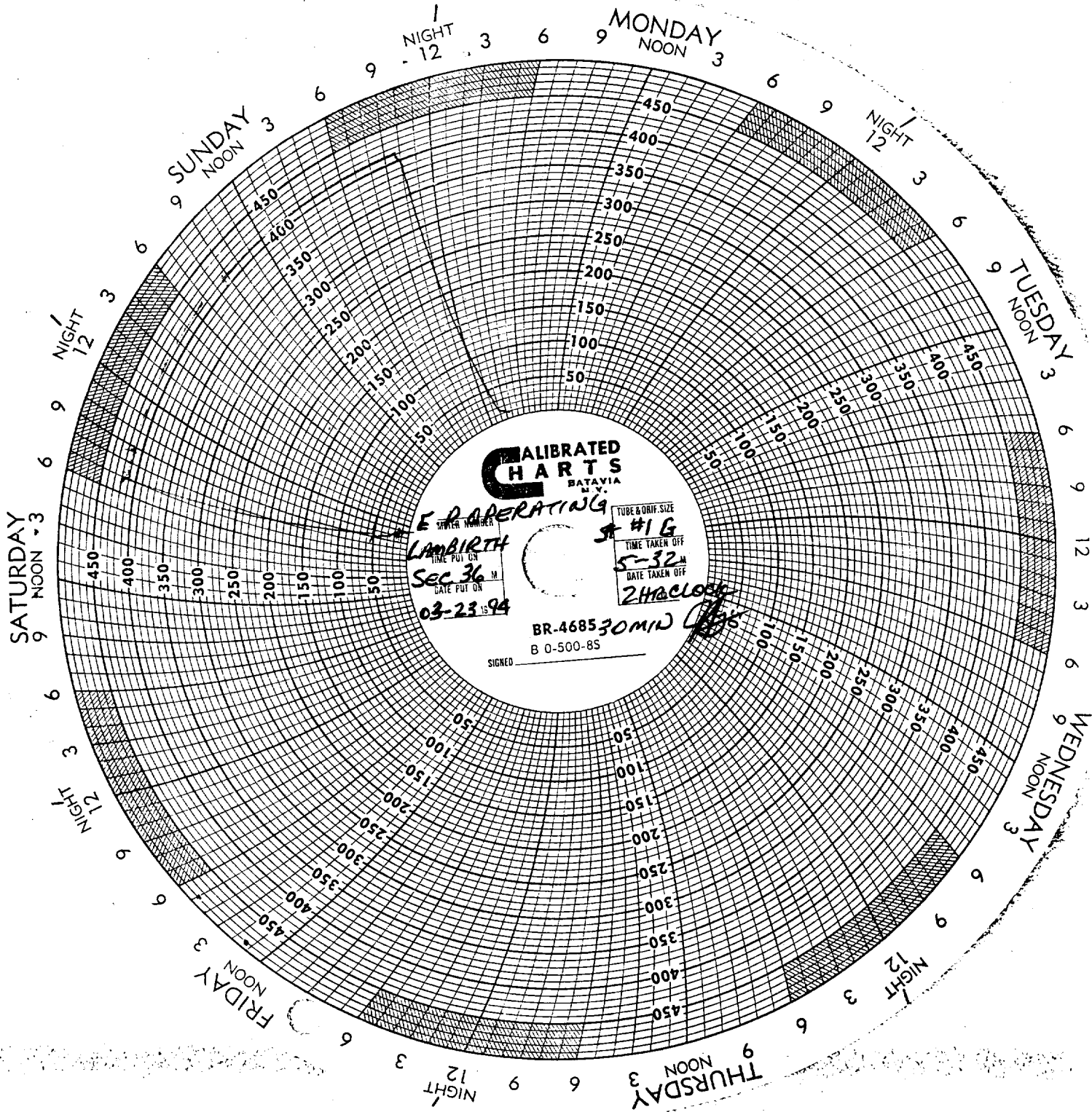
SIGNATURE S. D. Reed TITLE Production Superintendent DATE 4/8/94
TYPE OR PRINT NAME S. D. Reed TELEPHONE NO. 915/682-9756

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE APR 12 1994
CONDITIONS OF APPROVAL, IF ANY:

APR 12 1994

SAB.



CALIBRATED CHARTS
BATAVIA, N.Y.

OPERATING

SEVEN NUMBER
LAMBIRTH
TIME PUT ON
SEC 36
DATE PUT ON
03-23-94

TUBE & ORIF. SIZE
#1 G
TIME TAKEN OFF
5-32
DATE TAKEN OFF
2/18/06

BR-468530MIN
B 0-500-85

SIGNED

[Signature]