

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY  
N. M. OIL CONS. COMMISSION  
P. O. BOX 1080  
HOBBS, NEW MEXICO 88240

5. LEASE	LC-030132(b)
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME	Cities Federal
9. WELL NO.	4
10. FIELD OR WILDCAT NAME	So. Eunice - SR, Qu
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA	20-T22S-36E
12. COUNTY OR PARISH	13. STATE
Lea	N M
14. API NO.	30-025-26089
15. ELEVATIONS (SHOW DF, KDB, AND WD)	3550' GR

**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

2. NAME OF OPERATOR  
Zia Energy, Inc.

3. ADDRESS OF OPERATOR  
P.O. Box 2219, Hobbs, NM 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 1650' FNL & 2310' FWL  
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 checked="" 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) Perf. additional zones of porosity

(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.)\*

1. Perforate additional zones of porosity in the Yates and Seven Rivers formations.
2. Breakdown individual zones of porosity using a bridge plug, packer and acid.
3. Fracture treat using approximately 40,000 gallons of 2% KCL water, 160 tons of CO<sub>2</sub> and 100,000 # of sand.
4. Return well to production to test

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED M. J. Nelson TITLE Engineer DATE 10/1/85

(This space for Federal or State office use)

APPROVED BY ACCEPTED FOR RECORD TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: None

OCT 4 1985

\*See Instructions on Reverse Side

CARLSBAD, NEW MEXICO